(160-6)			171
	Registrati	on Dist. No.	
No The David	tion, give its N	ME instead of street	.,Ward
ds. How long in U.S. if o		1 1	mosds.
A. A	sile		
St., Ward.	Lad	lies bur	hed,
		dent give city or tow	1
	ERTIFICA	TE OF DEAT	Н
21. DATE OF DEATH	Nor	DA	- 4
	(Month)	(Day)	(Yaar)
22. MIHEREBY	CERTI	FY, That I atte	nded deceased from
I last saw h an alive on	Vur	7/ 19	death Is said
to have occurred on the data state	od abova. at	POP	and and a decimal of the control of
The PRINCIPAL CAUSE OF DEAT		calise of imposence	
were astollows:	0 13	silla.	Date of enset
// remain	1-1-1	VVV Z	
60 110	000	metro	
1/2	\-V-X-V-		
4 Other Contributory Causes of impo		- 1 -	
Other Contributory Causes of impo	brianca.	ree	
11000	- 1	2 X4	
Moman	40.	2001	
Nama of operation		Data	of
What test confirmed diagnosis?			4
23. If death was due to external car			
Accidant, suicide, or homicida?			
Where did injury occur?		Date of Injury	, 17
Specify whether injury occurred in	(Specify cit n INDUSTRY, ir	y or town, county an HOME, or In PUBLI	d State) C PLACE.
Manner of injury			
Nature of injury			
24. Was disease or injury in any w	vay related to de	eunation of Mecease	e NV -
If so, spacify	VN	- No A	

(Signed)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

M)	y item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	RECORD. Ever	Y. PHYSICIAN	Exact statemen	
MARGIN RESERVED FOR BINDING	A PERMANENT	ed EXACTL	erly classified.	ficate.
SERVED FO	NK-THIS IS	should be stat	it may be prop	n back of certif
MARGIN RE	UNFADING I	supplied. AGE	n terms, so that	ee instructions
	AINLY, WITH	ld be carefully	DEATH in plain	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
rreuerick	Registration Dist. No. 144
Village or City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 105. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Harry Lilis Albaugh	
(a) Residence: No. Utal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Marked 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It married widowed or divorced	21. DATE OF DEATH November 25, 193 4 (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of ROSA Measell	22. I HEREBY CERTIFY, That I ettanded deceesed from 19, 19, 19, 19
6. DATE OF BIRTH (month, dey, and year) Bugust . 16th. 187	
7. AGE Yeers Months Deys If LESS then 1 day,h ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	Angina pectoris 1933
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	
10. Dete deceased last worked at this occupation (month and year)	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Lewistown . (State or country) MQ	Other Countries of Importance.
13. NAME Andrew H. Albaugh	
13. NAME Andrew H. Albaugh Lewistown. 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME MORANDA Clem Lewistown. 16. BIRTHPLACE (city or town).	23. If death was dua to extarnal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
In Informant	Where did Injury occur? (Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca Utica. Dete Nov. 27th, 132	Menner of injury
19. UNDERTAKER	24. Was disease or injury In eny wey related to occupetion of deceesed? No
20. FILED Nov. 26 , 1934 Anna M. Jones Registrar.	(Signed) State of M. D. M. D. (Address) Wallsusselle, M. D.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Canada and Canada	of OCCUPA-	
2	statement	10
	Exact	
1	classified.	
20000	properly	certificate.
-	be	Jo
of the second se	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
The state of the s	in terms,	See instru
	SATH in pla	mportant.
	E OF DE	is very i
-	CAUSI	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11290
1. PLACE OF DEATH	92:00
County Tredoriet WITHIN CORPORT	TE LIMITS OF Registration Dist. No.
Village or City Drunswick	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 4.5 yrs. mos. ds.
2. FULL NAME Salvatore P. Cen	colla
(a) Residence: No. 26 W. Potomae a (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yelar)
(or) WIFE of anne M. Palmeins	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sulu 13, 1887	I last saw h_ 1744 alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at #1 - # P-m.
47 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trada, p. ofossion, or particular kind of work done, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc.	
Sindustry or business in which	Milon Day Language
work was done, as SILK MILL, STULL Store	That it &
10. Date deceased last worked at this occupation (month and year)	400-90
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importanca:
(State or country)	Can I was free or a series of a
# 13. NAME anthony Centrala	(tette) (the ottos)
13. NAME Conthony Concocla	Name of operation
(stara of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (etty or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O I6. BIRTHPLACE (eity or town) (State or country)	Accident, sulcide, or homiside?
17. INFORMANT Mus. anna M. Cahealla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Boets m. d. Oate Mors. 5, 1934	Nature of Injury
19. UNDERTAKER Jess S. Dailey (Address) Brunswick ond	24. Was disease or injury or any way related to occupation of increased?
20. FILED N 3 , 1934 W6 Elizabeth H. West Registrar,	(Signed) (Address) PALLALA BAR - YA
	2422 N Charles Street Baltimore Peausching T. S. No. 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of leath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

JARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. I	
R BIN	A PERM	ed EX	erly cla	Grata
D FO	IS IS	be state	be prop	of partit
ERVE	KK-TH	should	it may	Joseph "
N RES	ING IN	AGE	so that	of one
ARGI	UNFAL	upplied.	terms,	" inches
Ü	WITH	efully si	in plain	nt Co.
•	INLY,	be care	EATH !	TION is most impated to instance on head of contification
	TE PLA	bluods	E OF D	Se stones
0.1	-WRF	mation	CAUS	TION
V. S. No. 1	N. B.	(T	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1292
1. PLACE OF DEATH	93-0	1 400
County Frederick	Registration Dist. No. 13	
Village or City Afrechesich	No. Trederick City Hypstla death occurred in a hospital or institution, give its NAME instead of secent and	Ward
Length of residence in cily or town where death occurredyrsmos.		os ds.
2. FULL NAME adam Theodore B	lentlinger,	1
(a) Residence: No. Mf Carne Cool (Usual place of abode)	- 18 There will for the Coulse	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Widowed, or divorced	21. DATE OF DEATH November (Month) 34 (Day)	, 193 4. (Year)
HUSBAND of Ger) WIFE of Sarah Blentlinger	Nov. 22, I HEREBY CERTIFY. That I attended Nov. 22, Nov. 24	deceased from
5. DATE OF BIRTH (month, day, and yeer) aug. 20 1849	Hast saw h_ im elive on Nov. 24, 19 34	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at10a.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Relined Farmer SAWYER, BOOKKEEPER, etc.	Hypostactic congestion	Nov.23
9. Industry or business in which	nyposido de congestion	110 4 4 150
work wes done, es SILK MILL, SAW MILL, BANK, etc.		-
10. Date deceased last worked at this occupation (month and year)		+
(D	Other Coutributory Courses of Importance:	
(State or country) many franch	Chronic Myocarditis	1932
13. NAME Frederick Blentlinger		
14. BIRTHPLACE (city or town) Washing to Comity	Name of operation Date of	
(Stete or country)	Whet test confirmed diegnosis? Was there an	autopsy?NO.
15. MAIDEN NAME Cunanda Spenseller	23. If deeth was due to external causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town) Trederick (State or country) Many Land	Accident, suicide, or homicide? Data of Injury	, 19
17. INFORMANT W. Sheraden Blenthinger (Address) Trelences, ma	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Mf Olivat Date Nov. 27, 1934	Nature of injury	
19. UNDERTAKER Harry E. Carty Coo. (Address) For de clevely, md.	24. Was disease or injury in any way related to occupation of deceased?	uo.
20. FILED 26 - Nor, 19 34. Dr. Drof. Mc Curd	(Signed) B. C. Maricky)	ud.m.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

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Example I		Example II		
The principal cause of death of importance were as follow Arterioselerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	DEC 5 1911	July 5,1927	Peritonitis	3 days ago
	MINEAU V. S	1 9		
Other contributory causes o	f importance:	-Ú	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11203
1. PLACE OF DEATH	95-2
County trederick	Registration Dist. No. 136
Village or City new - Dicherson	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Cutherine Elizabeth (Zaurman.
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 14th 1934
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) Wife Warry Bouman	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	Hest saw here etive on how 14 1934 deeth is cald
7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, at 2 40 6 m.
90 7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Registration Dist. No
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	6 1 0 0
10. Date deceased last worked et this occupetion (month and spent in this	Organia Heart de mange
12. BIRTHPLACE (city or town). Charles lines	Other Copaributory Causes of importence:
(State or country)	arteral delevous 1930
13. NAME Edward Hodely	
14. BIRTHPLACE (city or town)	
The partie of	
2 16, BtRTHPLACE (city or town)	
17. INFORMANT Misk assay White	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Joseph Date 1// 0 1934	Nature of injury
19. UNDERTAKER (Address)	
,	
76 more blade are add all Co. D.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

į.	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11234
1. PLACE OF DEATH	(23)
county trederick,	Registration Dist. No. 137
Village or City State Sanalorum	No. M. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) dsHow long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Kaymond Q. B	rooks.
(a) Residence: No. 714 Shower aw	St., Ward. Cumbelland. Md. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) What widowad, or divorced	21. DATE OF DEATH . 5 . , 193 4 (Year)
HUSBAND OF Mellie E. Brooks	1 HEREBY CERTIFY. Thet I attanded deceased from 1934, to 100.5.
6. DATE OF BIRTH (month, day, and year) \ 4. 1896	1 lest saw h_lamelive on Mov 5: 193 \(\frac{1}{3} \); deeth is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1236 Am. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary Tuberculosis
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1934 spent in this 2 4 4))
12. BfRTHPLACE (city or town) Maryland. (Stete or country)	Other Coutributory Causes of importance:
13. NAME Joseph. Brooks	
14. BIRTHPLACE (city or town) Mary Land (Stete or country)	Name of operation Date of What test confirmed diagnosis? Churt X 1444 Was there an autopsy?
15. MAIDEN NAME Catherine Lavin	23. If deeth was due to axternal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Win chester Va. (Stete or country)	Accident, suicide, or homicida?
17. INFORMANT Raymond & Brooks (on almosion (Address) 714 Shriver ave Cumbuland M	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Character and Dete., 19.	Mannar of injury
19. UNOERTAKER M. L. Chugh (Address) Thurmon M.	24. Wes disease or injury in any way related to occupation of daceasad?
20. FILED (1) PS (19 Registrar.	(Signed) State Sanaturus Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
8 3 8			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7-8-			

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH		948
County		Registration Dist. No. 139
Village or City	7T T	ND. St., William occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Albert (a) Residence: No. Outs1de	Marion Brow	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice V. Sh	indeldecker	22. I HEREBY CERTIFY. That I attended daceased f
DATE OF BIRTH (month, day, and year)	ct.I2th. I863	liast saw h air aliva on 11-22 ,198 4; death is
AGE Years Months I	Days If LESS tha 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	Chronic Colerial Edurosis 1923
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Own Farm.	Corruany Thrombon 1/22,
yaar)Oct-		Dther Contributory Causes of importance;
2. BIRTHPLACE (city or town) FOXV1 (State or country)	id.	A J J
13. NAME Martin L.	Brown	- Jung
13. NAME MAPCIN L. 14. BIRTHPLACE (city or town) (State or country)	ville.	Name of operation Date of What test confirmed diagnosis dustical Was there an autopsy?
15. MAIDEN NAME Mary E.	Buhrman.	23. If death was due to external causes (VIOLENCE) fill in also the following:
AC PERTURNAGE ()	Md	Accident, suicide, or homicida?
7. INFORMANT Victor J. (Address)	Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CBEMATION, OR REMOVAL Place Place	ry. Nov. 24th.	Manner of injury
9. UNOERTAKER M. L. Cre (Address) Thurmon	ager & Son	24. Was disease or injury In any way related to occupation of deceased? 200
1	A Stana	(Signed) Torris Warrey Mil.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. s.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

St.,

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ward.	If nonreside	enl give city or town	and State
MEDICAL C	ERTIFICAT	TE OF DEAT	Н
E OF DEATH	nov	2 7 (Day)	1934
WY2 JOAN	Y CERTI	FY, That I atte	nded deceased from
HEREB 1 HEREB 1 Lead 1 Lead	ed above, at . S	27 , 19.	> /_; death is said
CIPAL CAUSE OF DEA			
	1	1	Dete of onset
ler won	ud The	u Class	1 norz

What test confirmed diagnosis? Was there an au'opsy? NO

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No.

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1 to	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC. 5. 1934	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

V. S. No. 1

2

infor-

item of should Jo

OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

nich	Registration Dist. No. 131
Tenne Hospital	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
n where deeth occurredyrs,mos.	. 2 O ds. How long in U.S. If of foreign birth?yrsmosds.
William ada	in Bruchey
(Usual place of phode)	St, Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nav. (Month) (Day) (Yeer)
m. Bruchey 1766-21, 1403 Inths Days II LESS then	22. 1 HEREBY CERTIFY. Thet I attended deceesed from 19.34, to 19.34 I lest sew have elive on 19.34, to 19.21; death is said to heve occurred on the date stated above, at 90 m.
8 1 dey,hrs. ormin. NER, Brush Makey	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows: Oate of onset
1,047ibuBrush &.	Chronic My orandatio (931
5 CV 1933 11. Total time (yeers) 8 spent in this occupation.	Other Contributory Causes of importence:
nd.	acute articular Rhambian 193/
sadam Bruch	
rederick med,	Name of operation Dete of What test confirmed diegnosis? West here en au'opsy?
Cost Vicing	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
ins. a. Bruch	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
ene Dete Nov. 3, 1934	Manner of Injury
live ton	24. Was disease or injury in any way related to occupation of deceased?
Li- Dro J. M. Cul	(Signed) 30 Harris M. D. (Ardress) Friend, Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9100			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

D. O. Momos

H UNFADING INK---THIS

WRITE PL

00

S. No. 1.

A PERMANEN.

BINDING

FOR

RGIN RESERVED

	PLACE OF DEATH
C	ounty Frederick
Villa	age or City Johnsville Dent,
	2 FULL NAME William Edgar
	PERSONAL AND STATISTICAL PARTICULARS
3 8	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED SHArried (Write the word)
6 D	ATE OF BIRTH Sume 30, 1956 (Month) (Day), (Year)
7 AG	
bi w	Trade, profession or victured farmer articular kind of work. OGeneral nature of industry usiness, or establishment in hich employed or (employer). IRTHPLACE (State or country) Maryland
	10 NAME OF FATHER WM Burall
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland
PAR	12 MAIDEN NAME OF MOTHER Elizabeth Rheam
	13 BIRTHPLACE OF MOTHER (State or country) Maryland
14 T	(Informant) Mrs Clas. Erreglo
	(Address) Mallersville Md
15 F	Filed Mar 77 1984 778 Cerefuer

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND CERTIFICATE OF DEATH



Registration Dist. No.

	Burall	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
_	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH	
	(Month)	25, 1984 (Day) (Year)
	17 I HEREBY CERTIFY, That I att.	ended the decensed from
	11- 25-1984, to 11.	
	that I last saw h Vm, alive on	30
	and that death occurred on the date stated	above, at 10 - 0-m.
	The CAUSE OF DEATH & was as follows:	
		**
	Augino Pe	cores
		00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Contributory	yrs mos ds.
	(Dyration)	yrsds.
1	(Signed)	M. D.
	11-25 1984 (Address) Ulus	. 1/2
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
Į	At place of death yrs. mos. da. State,	, yrs mos da.
	Where was disease contracted, if not at place of death?	
-	Former or usual residence.	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	M. F. Center Holivella.	7402 28 ,18:3K
	20 UNDERTAKEK	ADDRESS

CERTIFICATE OF DEATH

(Approved by U. S. Census and American, Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked ou may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Deal-(a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various purguits can be known. The queswhatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Statement of Occupation-Precise statement of oc For many occupations a single word or term on 6 yes.). For persons who have no occupation without more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (gever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

conditions, such as "Asthenia." "Anaemia" ary), 10 ds. use of ""Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be O'hronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid no ; peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease Always qualify all Measles; (second-(merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. Ill the data 's essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Preducte	Registration Dist. No. 141
Village or City Breezewich	No. St., Ward
Length of residence in city or town where deeth occurredyrsmo	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Chomas J. Burke	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 4 (Month) (Dey) (Ver)
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF Eugenia Williams	1 HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, dey, and year) Dec 7 1860	I last saw house elive on 20 134 death is sai
7. AGE Years Months Days if LESS then	to heve occurred on the dete steted ebove, at 2 . P . m.
73 // 5 1 dey,hrs. ormin.	war of follows or DEATH end related causes of importance
Trede, profession, or perticular kind of work done, as SPINNER, Laliama, SAWYER, BOOKKEEPER, etc.	Date of one
9 Industry or business in which	-000
work wes done, es SILK MILL, Oswift I C	
SAW MILL, BANK, etc	
and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Martin Burke	
4 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT AND DA Burker (Address) Burker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Bornie Breat Date Not 15, 1934	
19. UNDERTAKER CATAZITZ FOR	24. Was disease or injury in entry wey related to occupation of deceased?
(Address) Burnewik m	If so, specify
20. FILED TOT 1974 MIS Vegolicis N. M.	(°d)

V. S. No. 1

m ż

-WRITE PLAINLY, WITH UNFADING INK-THIS

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY. properly classified.

AGE should be

FOR BINDING

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 DEC 5 15 1	1.4			
	1/1			
Other contributory causes of importance:	1 6	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

No

OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11300
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 141
Village or Citycon Bushwick	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Rachael Virginia City	Lun.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorcad HUSBAND of (or) WIFE of	22 SHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Much 19 1838	I last saw h 2 aliva on 19 2 4, death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER Housework SAWYER, BOOKKEEPER, etc	Pascelyse av
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, atc 10. Date deceased lest worked et bis occupation (month and bis occupation (month and bis occupation) and best occupation (month and bis occupation).	(Cocclus Number 1930
O 10: Date deceased lest worked et this occupation (month and year) to ccupation	

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country)

MOTHER 16. BIRTHPLACE (city or town (Stata or country)

17, INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19

Whet test confirmed diagnosis?_____ Was there an autopsy?____

Where did injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Nature of injury__ 24. Was diseesa or injury in any way related to occupation of deceesad?____

Other Contributory Causes of Importance:

Nema of operation.

Manner of Injury

If so, specify (Signed)

banks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
28 / NF 111 V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(82-0)	4.17
County		Registration Dist. No.	141
Village or City Dynn	swink	ND	St W
		If death occurred in a hospital or institution, give its NAME instead of	
Langth of residence in city or town whe	re death occurredyrs	sds. How long in U.S. if of foreign birth?yrs.	mos
2. FULL NAME GASA	may Cooper		
(a) Residence: No.		St. Ward Knowle	2 200 D
(a) Nosracino. No.	(Usual place of abode)	If nonresident give city of	r town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
Temale White	OR DIVORCED (write the word)	900 12	
ia. If marriad, widowed, or divorced	a a a	(Month) (Day) (Yyar
HUSBAND of (or) WIFE of	1 wol	22. I HEREBY CERTIFY, That	I attended deceased (
VVII C	" per	7 10 9 ,1934, 10 NOV	12 , 19.3
. DATE OF BIRTH (month, day, and yeer)	Ech 25 1869	I lest saw h. sa alive on	19.3 4; death is
. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 730 Cm.	
65 8	1 day,hrs	I THE I MINCH AL CAUSE OF DEATH and latered causes of himbor	rtanca
8. Trada, profession, or particular		were as follows:	Date of o
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Marian 17	1 1 1	
9. Industry or business in which	The state of the s	TORY ATTORY OF A TOWN ON A TOWN	(1)
work was dona, as SILK MILL, SAW MILL, BANK, atc		Cocoon Kinimaria	15
10. Date dacaased last worked at	11. Total time (yeers)		
this occupation (month and year)	spent in this	(
		Other Contributory Causes of importance:	
(State or country)	7.16		
1 /	301	- 1 1 1 1 1 - Dealosis	
13. NAME 68 11 1	allon		
14. BIRTHPLACE (city or town)	11-11	Name of operation.	Date of
(State or country)	1,00	What test confirmed diagnosis? Wall Wa	s thara an autopsy?
15. MAIDEN NAME	munday	23. If death was due to external causes (VIDLENCE) fill in also the	
16. BIRTHPLACE (city or town)	2-11-	Accident, suicide, or homicide? Date of inj	
(State or country)		Where did injury occur?	,, 10
m- 500	N. W O.	(Specify city or town, cour	nty and State)
7. INFORMANT (Addrass)	- Carrier	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUDLIG PLACE.
18. BURIAL, CREMATION, OR REMOVAL	oux me	Managed	
Place, Knowrille In	Date Neer 14 1932	Mannar of injury	a
13 1 1	1	Nature of injury	
9. UNDERTAKER AT 327	your 1	24. Was disease or injury in any way ralated to occupation of de	ceased 150
(Address) - Busine	wick mel	If so, spacify	Vita
O. FILED ANY 13 19 Mrs E	endett & mal	(Signad) (Signad)	11/2
U. FILEU. S. J. S. L. S. L. S. L. S. L. S.	A THE AREA I		

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properly classified.

CAUSE OF DEATH in plain terms, so that it may be

PLAINLY, WITH

B.-WRITE

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2)
County frederick Within the C	Registration Dist. No. /3/
Village or City Trederick	No 2 Centre of Word
(If Length of residence in city or town where death occurred 21 yrs 11 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
7 00 6	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
n P C	acue
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Qay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of	HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) Nov. 28-1863	List saw h alive on MV . 2 193 death is cald
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at
7/ // 2\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH end related causas of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	hente Cardiac difatation 11-223
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	1
S 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
this occupation (month and work) 11. Total time (years) spart in this 50 % occupation (month and occupation occupation occupation occupation occupation	₹.
12 DIRTURI LOT (shorter) Frederick	Other Contributory Causes of importances
12. BIRTHPLACE (city or town) (State or country)	May Macella Suo 10 gr
13. NAME Ethan a. Crames	Clistry West and the 2
14. BIRTHPLACE (city or town) Trederick Co.	Name of operation
(State of Country)	What tast confirmed diagnosis? Was thara an au'opsy? 21
15. MAIDEN NAME Turan R, Steiner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sugar R, Steines 16. BIRTHPLACE (city or town) Frederick Co.	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Chan & Cvarues (Address) Frederick ned.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place M. Diver Cers Date nov. 2/1934	Manner of Injury
19. UNDERTAKER C. E. Cline & Long (Addrass) Frederices rud.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILEO 23 - hor., 1934. D. Dre Dus. Cund. Registrar	(Signed) And M.D. (Address) And M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	FIV	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
(D)	C 11				
Other contributory causes of importa-	nce:	E	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				300	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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EATH

Resistrar.

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STATE OF	MARYLAND-	CERTIFICATE OF D
1. PLACE OF DEATH	WITHIN THUR	115-2
County treder	-01(Registr
Village or City The Se	ucic	Not reduced by
Length of residence in city or town whera deat		death occurred in a hospital or institution, give its ds. How long in U.S. if of foreign bir
2. FULL NAME CONSTA	mas mod	rad Cumm
(a) Residence: Np. Bus	mount	790 d Ward.
(a) Residence. No.	(Usual place of abode)	If none
PERSONAL AND STATISTICA		MEDICAL CERTIFIC
emole white 5.	SINCLE, MARRIED, WIDOWED, OH D VORCED write the word)	21. DATE OF DEATH (Month)
ia. If married, widowed, or divorced HUSBAND of		22. I HEREBY CER
(or) WIFE of		22. W 23 ,19 34,
6. DATE OF BIRTH (month, day, and year)	ey 22 34	I last saw h_6_4 alive on 2
AGE Years Months	Days If LESS than	to hava occurred on the date statad above, at
1934 0 4	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relativera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		acute veg
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		- lourny son attack the
work was done, as SILK MILL, SAW MILL, BANK, etc		-
- I this edgapation (month and	11. Total time (yaars) spent in this	
year)	occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Duckey (State or country)	avva (MA	×
1 0	0	
The state of the s	anoning	Name of operation
13. NAME. A STATE OF THE STATE	co ma	Name of operation What test confirmed diagnosis?
15. MAIDEN NAME Collegn	Weard	23. If death was due to external causes (VIOLE
15. MAIDEN NAME Chen 16. BIRTHPLACE (city or town) account of the country of the	totalle	Accident, suicide, or homicide?
(Stata or country)	ava	Where did injury occur?
17. INFORMANT (Addrass)	+ Cermina	(Specify Specify whether injury occurred in INDUSTRY
18. BURIAL, CREMATION, OR REMOVAL		_ Mannar of Injury
Place telessvelle	Date 2001 2619 31	Nature of injury
19. UNDERTAKER	arlug	34. Was disaase or injury In any way related to
(Addrass) Pouch	were con	If so, specify
361	molau A.	(Signed)

ration Dist. No NAME instead of street and number) _____yrs._____ds.____ds. resident give city or town and State CATE OF DEATH T1FY, That I attended deceased from to Nov 24 , 19 7 4 - 2 4 . 19 3 c; death is said 4 . A.m. ed causas of importance Date of onset Was there an au'opsy? NCE) fill in also the following: city or town, county and State) , In HOME, or In PUBLIC PLACE. to occupation of dacaasad?...

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PIDPALLY S			
	_ (1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should ate limies. PHYSICIANS statement

(a) Resid	dence: No. 2	228A Car			
DEDGO	DNAL AN	DETATION	(Usual place		
PERSONAL AND STATISTI 3. SEX 4. COLOR OR RACE White			5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single		
5a. If married, wi HUSBAND o (or) WIFE o	dowed, or divoi f	rced			
6. DATE OF BIRT 7. AGE	'H (month, day Yaars	Months	Oct. 18, Days	If LESS than I day,hrs	
8. Trede, prikind SAWY	or businass In wes done, as S	as SPINNER, PER, etc which ILK MILL.	At Home		
s Industry SAW Industry Work SAW 10. Date dec	of work done, a YER, BOOKKEE or businass in wes done, as S MILL, BANK, e aased last wor occupetion (more	as SPINNER, PER, etc which ILK MILL, tckad at	At Home	ima (years) ntin this upation	
SAWY 9. Industry work SAW 10. Date dec this o yeer)	of work done, TER, BOOKKEE or businass in wes done, as S MILL, BANK, e aased last wor ccupetion (mor ————————————————————————————————————	as SPINNER, PER, etc	At Home	ima (years) nt in this upation	
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SAW Industry I	of work done. Fer, BOOKKEE Or businass In wes done, as S MILL, BANK, e assed last wor ccupetion (mor cuntry) Frne ACE (city or too or country)	as SPINNER, PER, etc	At Home 11. Total t spa oc: derick Md. sroad	ima (years) nt in this upation	
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SAW 9. Industry Work SAW 10. Date dec this o yeer) 12. BIRTHPLACE (State or o 23	of work done. Fer, BOOKKEE For business In wes done, as S MILL, BANK, e assaed last wor coupetion (mor country) Erne ACE (city or tor or country) NAME ACE (city or tor or country) Ernes Frede	as SPINNER, per, etc. which lk MILL, tc. kad at with and Fre st W. El wn) t W. Els erick. Mc	At Home 11. Total to specific construction derick Md. sroad Md. Mo. Ford Md. Mo. Ford	ima (years) nt in this upation	

Registration Dist. No. 228A South Carroll No. 220A SOUCH CAPPOLL
St.,
ath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH November. Name of operation__ What tast confirmed diagnosis?_____ Was there an au'opsy?_ Au-3. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_________19______ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury Nature of Injury If so, specify (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

FOR BINDING

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certificate

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
TEN POALSE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County Frederica	Registration Dist. No. 13/
Village or city Mbana	No. St. Ward
(If Length of residence In city or town where deeth occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Tarin Brown &	
(a) Residence: No. Mbona	CA Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // 79/34
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of Richard Auffman Evano	22. SHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mich. 221857	I last saw here alive on Nor 27'5 1939 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at
77 8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc	Omonic 8/140 carditis 2 yr
work was done, as SILK MILL, SAW MILL, BANK, etc	
and population (month and	
year) occupation	Other Coutributory Causea of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Adrabuic Connibrano
13. NAME Dey, T. Brown 14. BIRTHPLACE (city or town) Balts to	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? Asset
15. MAIDEN NAME Docas H. Peich 16. BIRTHPLACE (city or town) Trederick &.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? 20 Date of Injury 2021, 19 hu.
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mig. ## 1	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Place Date Date 19 3	Nature of Injury.
19. UNDERTAKER 6. E. Olive Tool (Address) Treduce Med.	24. Was disease or injury In any way related to occupation of decaased? The
20. FILED 30 Tran, 1634. D. Dra ha Carely Registrar	(Signed) Abodeel M.D. (Address) 122 boom en
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	DITIONAL	ONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county of reducing	Registration Dist. No. 139
Village or City State Sanatouni	tto. M.A. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Harry E. Fam	back of t
(a) Residence: No. 6 2 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward. 12 all . Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MMN. 15.1893	liast saw h.m. alive on NDD. 6 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at D. A.m.
40 1 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	A A I
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, BELL.	Ullmonary ullreulops
0 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation)	
year) occupation hanknow	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Y 2 CV . VV. d. (State or country)	
13. NAME andrew Famback	
13. NAME andrew Famback 14. BIRTHPLACE (city or town) Maryland	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Chilot X ray Was there an autopsy?
15. MAIDEN NAME Mary Settinger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Settinger 16. BIRTHPLACE (city or town) Mary Land	Accident, suicide, or homicide?Oate of injury19
X (State or country)	Where did injury occur?
17. INFORMANT andrew Framback. (Address) 6 288. Monry A. Bally M	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 12 allo VMQ Date morning	Nature of injury
19. UNDERTAKER M. L. Clage	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 11/2 1934 1934	(Signed) Lewart S. Maffer M. O.
Registrar.	(Address) Male Danalouin ma
13 more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	DEC . I	July 5, 1927	Peritonitis	3 days ago
	STREAM V	<u> </u>		
Other contributory causes of	f importance:		Other contributory causes of importance:	144
Gallstones		May 1,1923	Gastroenteritis	1 year

CUPA-	1. PLACE OF DEATH County Telerick	Paristation State No. 14
220	Village or City Brunswick	Registration Dist, ND, 171
10	/ S (If	death occurred in a hospital or institution, give its NAME instead of street and numb
statement	2. FULL NAME Anne Alexanist Par	ds. How long in U.S. if of foreign birth?yrsmos
ater	(a) Residence: No. 7/7 Pulman	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
뒼	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ed.	5a. If married, widowed, or divorced	(Month) (Day)
assined	HUSBAND of Chan A France	22. HEREBY CERTIFY. The attended dece
5	1444 1 18/12	19 19 19 10 10 10 17
properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
proper	7/ 3 (6 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Da
y De	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	PA.
may	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and this potential) and the second in this country in the second	Jepleen .
11 1	- Shaut III (1112	
erms, so that instructions o	year) occupation occupation	Dther Contributory Canses of importate:
ucti	12. BIRTHPLACE (city or town)	flucionally of last
terms, e instru	13. NAME Thomas & meushau	alleration of agreement
5	14. BIRTHPLACE (city or town) Agg of	Name of operation Date of
	(State of County)	What test confirmed diagnosis? Was there an autop
ant	15. MAIDEN NAME Confluence Transported 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
important.	O 16. BIRTHPLACE (city or town) / / (State or country)	Accident, sulcide, or homicide? Date of injury
i ii	De series de la	Where did injury occur? (Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
very import	17. INFORMANT HEMITORIE (Address) Agranous by	PACE.
is v	18. BURIAL, CREMATION, OR REMOVAL - Balling med	Manner of injury
	Place Midding Country Date / Long 30, 1934	Nature of injury
TION	19. UNDERTAKER Address)	24. Was disease anjury in any way related to occupation of deceased?
(7	1 . C 34 Va St day 1 7 44	if so, specify (Signed) Welleaux & handle
(,	20. FILED Registrar.	(Address) A A A A A A A A A A A A A A A A A A

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCAPAL V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	A	ate	ope	tif
	SI S	st	pr	cer
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	P	hou	OF	vel
-	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	ON is very important. See instructions on back of certificate.
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ARGIN RESERVED FOR BINDING

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Length of residence in city or town where death occurred _____yrs ____ (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dayhrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business to which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation _ Lol 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16, BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) If so, specify Registrar.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ____ds. How long in U.S. il ol loreign birth? _____yrs. ____mos. ____ds. ravet If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH O (Month) (Day) 22. I HEREBY CERTIFY. That I attended decessed from ; death is said to have occurred on the date stated above, at 4.300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Name of operation ... What test confirmed diagnosis?_____ Was there an au'opsy?. 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19___ Where did injury occur?_____ (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner ol injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?_

If more blanks ofe needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examp	le I	1	Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915.	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	T. C. E. I.Y.	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of in	portance:	= -!	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ENT RECOI	CLY. PHY	ed. Exact	
PERMANE	I EXACT	rly classifie	ate.
A SI SI	be stated	be prope	of certific
IG INK-TH	AGE should	that it may	ON is very important. See instructions on back of certificate.
UNFADIN	supplied.	in terms, so	See instructi
Y, WIL	refully	H in pla	rtant.
R	be ca	EAT	impo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11311
1. PLACE OF DEATH	an O
County Frederick	Registration Dist. No. 145
Village or City ne and myers	St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Minnie Achr	over Staver
(a) Residence: No. Mague ville (Usual place of abode)	Mard. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (No (Day) (Yéar)
a. If married, widowad, or-divorced HUSBAND of (94) WHFE of Cruis F. Gaven	22. HEREBY CERTIFY, That I attanded daceased from
DATE OF BIRTH (month, day, and year)	I last saw here falive on Mart. 18 A., death is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at
6210123 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, piofassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	CEXTL 1 11-6-6-6-8
9. Industry or business In which work was done, as SILK MILL,	Chiterial april 11879
SAW MILL, BANK, etc	Coronary Shrowfred
this occupation (month and 1934 spant in this year) 1 remains 1934 occupation	
2. BIRTHPLACE (city or town) My Myersill	Dther Contributory Causes of importanca:
(State or country) may land	Arterio Seperation
13. NAME aw Jon Ackrayon	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Willamin al Mit	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
7. INFORMANT Lewis Flaver 1 (Address) myersville, md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OB-REMOVAL Place J. D. C. Charles J. Date 1/-/2-3-94	Mannar of Injury
My tro Bing.	Nature of Injury
9. UNDERTAKER AND WELLE MAN	24. Was disaase or injury In any was tested to decupation of daceased?
O. FILED NOV. 10 1934. William & Wachtel	(Signed) Alland M.D.
Registrar.	(Addrass) My Craelle 1/18

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Dreden	ela			0. 141
Village or City Brunn	sunt	. No		St. Ward
Length of residence In city or town where d	eath occurred 6 yrs		or institution, give its NAME instead U.S. if of foreign birth?yr	
1-	- L	now long in	0.3. II OI TOTRIGIT DIFTER!	s0
2. FULL NAME Phone	hrangu	Lel		
(a) Residence: No. 7	(Usual place of abode)	St., Ward.	If nonresident give city	or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDIC	AL CERTIFICATE OF I	
male white	S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	ED. 21. DATE OF DEA	Tollow 2	/ 193 4
a. If married, widowed, or divorced HUSBAND of	Transver		(Month) (Da	sy) (Year)
(or) WIFE of Conna (A wenne	22. MHER	70 7/	t I attended deceased fro
2010140	1 21 1624	How		O. Q.L., 19.8
AGE Years Months	1 8 10	I last saw h_LM_ alive		6., 19.324; death is sa
AGE MONTHS	Days If LESS 1		ate stated above, atm. OF DEATH and related causes of imp	
Trade, profession, or particular	ormi	n. were as follows:	The state and toleton and and of this	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	400 Labore		B	
9. Industry or business in which	01.11	b / Coura	Muns	ma-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	miles			MIL
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this			16
year) /tartet	occupation	Other Contributory Causes	of Importance:	
Z. BIRTHPLACE (city or town) (State or country)	7 7 60		1	
1 1	2 legn	Type	lenguan	74
//	neryne	4 1/20	an faillen	<i>b</i>
14. BIRTHPLACE (city or town) (State or country)	8a4	Name of operation		Date of
15. MAIDEN NAME Sarah	11. 6		osis?W	
is a second trained and the second se	mount		ernal causes (VIOL ENCE) fill in also	
15. MAIDEN NAME Wash 16. BIRTHPLACE (city or town)	Yal		cide? Date of Ir	njury, 19
min he to	6 / 10	Where did injury occur?	(Specify city or town co	ounty and State)
(Address)	a service	Specify whether injury occ	urred in INDUSTRY, In HOME, or I	T PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	1100	Manner of Injury		
Place Jour Height		Nature of injury		
O. UNDERTAKER B. F. Flore A. (Address)	Som		n any way related to occupation of	Jecorsed?
D. FILED. 2221934 M	as Elicated IN 1	(Signed)	leanoch	waislan.

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W.D.C.VII.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	139
county chedrick?	Registration Dist. No.
Village or City State Sanalorum	death occurred in a horbital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 1724 Popular Grown (Usual place of a bode)	ve St., Ward. Baltmore : md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH 70 1/1. 103 4
made while married	(Month) (Day) (Yeaf)
5a. If married, widowed, or divorced HUSBAND of OTHER DE CONTRACTOR STATES San States	22. I HEREBY CERTIFY. That I attended deceased from 14:, 1933, to Nov. //., 1934
6. DATE OF BIRTH (month, day, and year) Dept. 21.188	1 last saw h Malive on 10, 195 9; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1:0.0.4.m.
76 1 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Moture and SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, ST. Ry 10. Data deceased last worked at this occupation (month and the same in this same in the same in this same in the	Pulmonary Tuberculosis
10. Data deceased last worked at this occupation (month and ct/932 spent in this occupation wear)	Other Cautributory Causes of Importance:
12. BIRTHPLACE (city or town) V Navyland: (State or country)	
13. NAME George Griffin	
H 13. NAME Sorge Suffin 14. BIRTHPLACE (city or town) (State or country)	Name of operation Port Date of Date of What test confirmed diagnosis? Law Xray Y Pos Sputtum Was there an autopsy? No
15. MAIDEN NAME Leah Fisher	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Least Fisher 16. BIRTHPLACE (city or town) Md. (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Fred 9. 9 riffin Con admission (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bal to Md Date My Brown	Manner of injury
19. UNDERTAKER M. L. Creager (Addiess) Thurmony Md.	24. Was disease or injury in any way related to occupation of deceased? 100
20. FILED 11/1/346 Registrar.	(Signed) I wan a win M. D. (Address) I ate Suna win M.
If more blanks are needed, address State Registrar,	2413 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11217

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AOAN AOAN	W 74 /		
Other contributory causes of importants:	/	Other contributory causes of importance:	=======================================
Gallstones	May 1,1923	Gustroenteritis	1 year

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	F MARTLAND	-CERTIFICATE OF DEATH
County Fried	40	
Village or City Steiner	Builan	Registration Dist. No.
	(I	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrsmo	
2. FULL NAME Evely	n Francis Weers	riata Hahn
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Femile White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Rowenber 10, 193 4
5a. If married, widowad, or divorcad HUSBAND of		(1001)
(or) WIFE of		22. HEREBY CERTIFY That I attended decased from
6. DATE OF BIRTH (month, day, and year)	~2 - 1924	
7. AGE Years Months	Days If LESS than	I last saw h alive on
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profassion, or particular	Ormin.	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	******************************	Pater I. HARAM
9. Industry or business in which work was done, as SILK MILL.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	11. 7.414	avale
this occupation (month and	11. Total time (years) spent in this occupation	
1	/ Ocsupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	20	
	inn	
4 14. BIRTHPLACE (city or town) (State or country)	not	Name of oparation Date of
	16000	What test confirmed diagnosis?
I	naynin	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	not	Accident, suicide, or homicide?
DI Wann	S	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	mt	Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place Brownsiell Med	Date 1/02 10 , 1834	Nature of injury
10 HADSONANSO AMBOS + 2 WA	2 1	
19. UNDERTAKER (A) (2272)	mol	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED 115 , 1934 MM	8 Elyobeth N My	(Signad) (Address) (Address) (Address)
If more bl		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evample II

Example 1	in in	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 5 152				
In the same of the	11			
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

4.2	
Registration Dist. No. 2-3	
115-5+1.6	
St., 2 Mard. If nonresident give city or town and S	itate
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH White 9 (Day)	193. 4 (Year)
to heve occurred on the date stated above, at	eccesed from ., 19_5 4 death is said
autz Myscarditio	1
Other Contributory Causes of Importance: Deteor	?
What test confirmed diagnosis? Was there an au'	ODSY? 148
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	, 19
Menner of Injury	
24. Was disease or injury in any way related to operation of deceased? If so, specify (Signed) (Address)	M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ner e ner	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tel regian V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ģ

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(G-F)
County Frederick Co	Registration Dist. No. 13
Village oncity Near Jefferson	NoSt.,Ward
W 47 _	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louisa Hemp	
(a) Residence: No. Outside of reffersor	st. Owardtaile
(Usua place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) White OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (0gf) (Yedr)
5a. If married, widowed, or divorced HUSBANO of Clayton R. Herry	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) tely 25-1862	I last saw here alive on Jove 19 192 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12. A.m.
72 1 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	p p p
SAWYER, BOOKKEEPER, etc.	Cerebal Whemmase Nov. 7
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at Nov. 134 11. Total time (years) 529	ne
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Trederick Mid	artirischerous:
(State or country)	Elysesthy raidion you
13. NAME John J. Noting Le 14. BIRTHPLACE (city or town) Bavaria	
14. BIRTHPLACE (city or town) (6) avarage	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?_ Le_
15. MAIDEN NAME Mary Phete Saring 16. BIRTHPLACE (city or town) Bavaria (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Davarea	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Chao. Th. Herrich (Address) Colored Victoria	Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of ferma Med. Oate Nov. 16, 1934	Nature of injury
19, UNDERTAKER C. E. Cline + Joy (Address) Frederick has	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 14-hov., 1934. D. Du J. M.C. Curly Registrar.	(Signed) . Gentlin Clarry M. D. (Address) Indenia M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAUTO				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DEATH		. 0	./2	48)	
Cou	nty Fre	der	9/2	600.	Registration Dist. No.	51
Villa	age or City Zw	1.12	lesa	-	NoSt.,	Ward
	Ab -d! A !!			7	death occurred in a horpital or institution, give its NAME instead of street and	
	th of residence In city or	town where de	ath occurred.	yrs mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FUL	L NAME	our	sa	6.90a	roof	1
(a)	Residence: No	The	(Usual place	hosen	St., hade Ward. If nonresident give city of lown ar	10.
PF	RSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	id State
3. SEX	4. COLOR A	R BACE		RIED, WIDOWED,	21. DATE OF DEATH	
Fram	ale who	stee	OR DIVORCE	D (write the word)	nov. 5	193 4
5a If marrie	ed, widowed, or divorcad		1	ower	(Month) (Day)	(Year)
(or) W	MO-DIT	w H	11/08		22. A HEREBY CERTIFY That I attende	d deceased from
(41)		1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Qct. 31 ,10/1/1 V	194
6. DATE OF	BIRTH (month, day,	yaar)	az. 2	1856	I last saw h. L. alive on	daath Is said
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the date stated abova, at Vm.	
	18	8	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were es follows:	Data dansit
Z 8. Trac	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					Date of onset
2						
9, Indi					Dacenoma & Uleru	-2
UV	SAW MILL, BANK, atc			ime (vears)		
-	this occupation (month a	nd	sp a	nt in this		
		0-			Other Contributory Causes of Importance:	
	LACE (city or town)/ te or country)	- Charles				
1	ME ZEarry	Then	Inter			
E		O	-			
14. BIR	THPLACE (city or town) (State or country)	1	Zs		Name of operation	01)
-	DEN NAME		1/4		What tast confirmed diagnosis? Was there ar	
15. MAI 16. BIR	DEN WAITE	usu-	7	ager.	23. If daath was due to extarnal causas (VIOLENCE) fill in elso the following	
Q 16. BIR	THPLACE (city or town) (State or country)		an	/	Accident, suicide, or homicide? Date of injury	, 19
	711h 1		- th.	1.4	Where did injury occur? (Specify city or town, county and St	late)
17. INFORMA	ANT Trans)	DI		wy	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
	CREASULON, OR TEMO	VAL -	201.	///	Manner of injury	
Place	green	ine B	- Date Zion	1. 8 ,19.35	Nature of injury	
near	4 111	. 1/1/	ialli	#	24. Was disaase or injury in any way raletad to occupation of deceased?	w.
19. UNDERT	AKER J. Walt	ser.	100	nort	If so, spacify	
1	1.	N	0 0	2 Cd	(Signed)	V In h
20. FILED.	-107 c, 19 c	4.00	· dras	Registrar.	(Address) Atuclus	4 TUER
		If more h	Jambs ava mandad	1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

certificate.

Jo

TION is very important. See instructions on back

19. UNOERTAKER

20, FILEO 24

(Address)

N. B.

County Village Length	Frederick of residence in city or town who	C K G1ty	lospitā l	Registration Dist. No. 13 Registration Dist. No. 13 No Least St., Ward St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) I ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Huwwords A. If nonresident give city or town and State
	SONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. gex	4. COLOR OR RACE White		RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH 2 3 (Yeer)
(or) WIF		oct. 27	th. 34	22. I HEREBY CERTIFY. That I attended deceased from 2 2 3 193 4 1 1 last saw h- Selive on 2007 193 4; deeth is seld
7. AGE	Yeers Months	Days 27	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at
8. Trede	, profession, or particular nd of work done, es SPINNER, WYER, BOOKKEEPER, etc	N	one	Onto of onest
9. Indust	try or business in which ork was done, as SILK MILL, AW MILL, BANK, etc		None	Jun 21
- 111	deceased lest worked et is occupetion (month and ear)	sp	time (years) ent in this cupation	
	ACE (city or town)N.S or country)	ar Foxvi	lle d	Other Contributory Causes of Importance: Intra abdornica & Henorhuse
五 13. NAME	Merhl He	rley		Bleeding from Cord.
167	IPLACE (city or town)	hurmont	<u>a</u>	Name of operation Port One Oate of Whet test confirmed diegnosis? Wes there en eutopsy? 244
15. MAIO	EN NAME Ire	ne Kinde	1	23. If death was due to external causes (VIOLENCE) fill in elso the following:
_	SPLACE (city or town) State or country)	Smithsbu	rg Mā	Accident, suicide, or homicide? Date of injury, 19
17. INFORMAN	(T	erley tz MD		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL. C	REMATION, OR REMOVAL			N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

eager

Thurmont.

Son.

Nature of injury

(Signed)

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
\$1100 to V	E I				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

2

19. UNDERTAKER

1	. PLACE O				CERTIFICATE			
		Frederick			446	Registration	Diet No. /	31
	Village or		n		Np.	Registration	DISC. 110	
		vity			f death occurred in a hospital or inst			number)
	Length of res	sidence in city or town where	death occurred5	yrsmo	s ds. How long In U.S.i	f of foreign birth?	yrsr	nos 0
2	. FULL NA	ME Elizabet	h Scott He	raperger				
	(a) Reside	nce: NoJeffer	CUsual place of		St., Ward.	If nonresident	give city or town an	d State
	PERSO	NAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
	SEX Female	4. COLOR OR RACE White	S. SINGLE, MARE OR DIVORCED Single	(write the word)	21. DATE OF DEATH	Month)	29 (Day)	, 193. 4/ (Year)
5a.	tf married, wido HUSBAND of (or) WIFE of	wed, or divorced		11,123		YCERTIF	Y, That I attended	d deceased fro
6. DATE OF BIRTH (month, day, and year) November 4, 1860					June ,1932, to 71 28 ,1934; death is s			
7. A	AGE Years Months Days If LESS than 1 day,h			1 day,hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE were as follows:			Date of onse
NOI	kind of	ession, or perticular work done, as SPtNNER, R, BDOKKEEPER, etc.	Milliner		Caronay	infarce	uper Salar	· 1/15/
OCCUPATION	SAW MI	business in which as done, as StLK MILL, LL, BANK, etc	At Home		Liveraly	Aldema	+ asciti	0 7/10/3
0	this occi	sed lest worked at upation (month and	11. Total til spen occu	me (years) it in this pation2.5				
12.	BIRTHPLACE (c	ity or town)	Jefferson Md.		Other Coutributory Causes of in	Elecar		_
2	13. NAME				Deenlik	us Clem	ar.	415/3
FATHER	13. NAME William S Hersperger 14. BIRTHPLACE (city or town) Broad Run (State or country) Md.				Name of operation What test confirmed diagnosis?.	Chanca	P Was there are	aulonav?
1	15. MAIDEN NA	AME Annie Bise			23. If death was due to external			
15. MAIDEN NAME Annie Biser 16. BIRTHPLACE (city or town)				Accident, suicide, or homicide?				
17.	INFORMANT	Miss Margaret			Specify whether injury occurred	(Specify city or	town, county and Si DME, or in PUBLIC P	
18	PUDIAL CREMA	TION OF PEMOVAL PO	Pormed Com	n t a war				

tf so, specify

(Signed)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BUREAU V	C 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis ,	1 year	

item of infor-

1. PLACE OF DEATH		(2/o-m)	1
County Tuluck,	md	Registration Dist. No. 13	
Village or City Juliusk		No. St., f death occurred in a hospital or institution, give its NAME instead of street and no	
Length of residence in city or lown where death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmos	sds
(a) Residence: No. Sellare (Usual place		St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	Nate
3. SEX 4. COLOR OR RACE 5. SINGLE, MAR OR DIVORCE SUN	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 28 (Month) (Day)	, 193 4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	1998 If LESS than	22. I HEREBY CERTIFY, That I ettended of 28, 19.34, to 20.28 I last saw h 15 alignolean on no. 2, 29.8 to have occurred on the date stated abovo, at 6.2 of p.m.	1934
8. Trade, profession, or particular kind of work done, as SPINIMER, So commune	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
kind of work done, as SPINIMER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupetion (month and year) year) 11. Total to spin year)	time (years)	Fractive Base of Shull	
12. BIRTHPLACE (city or town) Do mot J (State or country)	Curon	Dither Contributory Causes of importance: Brunghtin dead to From Lagrand.	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Rus	Name of operation Date of What test confirmed diagnosls? Was there en a	u'opsy? Au
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT M. E. M. G. G. M.	hum	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident Date of injury Revenue. Where did injury occur? Frequency of Specify eity or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	: 24,19.34
18. BURIAL, CREMATION, OR REMOVAL Place Sellana The Date	e/ ,193	Menner of injury Anto accident Nature of injury Andrews getelor	
19. UNDERTAKER C. E. Coline & J. (Address) Fueling	me	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 24. nor, 1934. Dr. draf	m. Curly Registrar,	(Signed) Hammence Fahrn	M. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Land the second		

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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J	1	U	0	Led	

1	County	Frederick			Registration Dist. No.	153	
	Village or C	Walkers	ville		No.	St., Ward	
		dence in city or town where	death occurred_I	6_yrs,mos	death occurred in a hospital or institution, give its NAME instead of stre	et and number)	
		ce: No. Walkel	S V 111	of abode	LCKSt., Ward. If nonresident give city or to	wn and State	
estimate	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEA		
3.	sex Female	4. COLOR OR RACE White		RIED, WIDOWED,	21. DATE OF DEATH November 22, (Month) (Day)	, 193 4	
	if married, widow HUSBAND of (or) WIFE of	Joseph H.	Hummer		22. I HEREBY CERTIFY, That I at Aug. 26, 19 34 to Nov. 22	19 34	
6.	DATE OF BIRTH	month, day, and year) Ma	arch 7t	h. 1858		9 34; death is said	
7.	AGE Yea	76 Months	Days 15	1 day,hrs.	to have occurred on the date stated above, et	Date of onset	
OCCUPATION	9. Industry or work was SAW MIL 10. Date decease this occur	ed last worked at Oct	spe	ime (years) 40	Arteriosclerosis Cerebral hemorrhage	1928 Nov.17,	
12.	BIRTHPLACE (cit (State or cour	y or town)	onville	upation	Other Contributory Causes of importance:		
22	13. NAME J	ohn Wm. 1	Miller				
FATHER	14. BIRTHPLACE (State or	(city or town)	nsonvill Md	e.	Name of operation		
MOTHER		IVIE	Shaum. Onville.		23. If death was due to external causes (VIOLENCE) fill in also the faccident, suicide, or homicide? Date of Injury_	oliowing:	
17.	fNFORMANT (Address)	Mrs Denda	Renne	r.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.		ion, or removal odsboro. Lit	наре N	ov.26 ₁₉ 34	Manner of Injury		
19	UNDERTAKER (Address)	M.L.Greager	- & Son		24. Was disease or injury in any way related to occupation of decease if so, specify	sed?No	
20.	FILED TOVE	34 341	Thank	Marchate	(Signed) Osepha M. Osephales Miller Marialus	M. D.	
		If hore	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	924	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	7921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 84100	1/2		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No. 1	M.	C
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1. PLACE OF DEATH	- MAKILAND	CERTIFICATE OF DEATH	
County Frederi	ek	Registration Dist. No. 14	0
Village or City Moodel	roro Outside	No. St.	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and nu-	
2. FULL NAME Woodra	ow Wilson 7	Teeney	
(a) Residence: No.		St., Ward.	
DEDGONAL AND CTATICT	(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
m 21	OR DIVORCED (write the word)	Nov. 13	193 4
5a. If married, widowed, or divorced HUSBAND of	7	(Month) (Day)	(Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year)	Rest. 7. 1912.	Jest saw h A alive on Oct 16 1935	death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 6.30 jum.	
22 2	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	not am		4//
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	()	surrentosis of Lungs,	Multua
work was done, as SILK MILL, SAW MILL, BANK, etc	1 11 7-4-14'		
this occupation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Woodsborn	Other Contributory Causes of importance:	
(State or country)	md		
13. NAME The Nove	a Seemen		
14. BIRTHPLACE (city or town)		Name of operation Date of	
(Stata of country)	Ma	What test confirmed diagnosis? Was there an au	opsy?
	ent them	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?	
(State or country)	md.	Where did injury occur?	, 19
17. INFORMANT Theador (Address) Wood	a Keeney	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	n - 16	Manner of injury	
Place / Free Age	Date 100.16.,1934	Nature of injury	
19. UNDERTAKER Povels, (Addiess) Woods	glangh box	24. Was disease or injury in any way related to occupation of deceased? 24. If so, specify	v
20. FILED 1/14 1934 &	6 Rouse	(Signed) La M. Deally	M. D.

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Example I		Example II		
The principal cause of death of importance were as follows: Arteriosclerosis	and related causes s: . ECEIV	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 wcek: ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1/CV 11 1	July 5,1927	Peritonitis	3 days ago
	1			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

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County Fred	Registration Dist. No. 141
Village or City Ateroxis Blades	R
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where dasth occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Pranty Elsworth K	lly
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
whate white manied write the word)	(b) Europ 1/ 1934 (Month) (Ddy) (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Elas Su	- 1934, to 1970 1 , 1930
DATE OF BIRTH (month, day, and year) 7669 AGE Years Months Days If LESS there	I last saw h. 1 h aliva on ATU
1 day,h	
8. Lada, profession, or particular	ware as follows:
kind of work done, as SPINNER Retrief SAWYER, BOOKKEEPER, atc.	Muscardita ?
9. Industry or business in which	
work was done, as SILK MILL, W TW 2 Graces SAW MILL, BANK, etc	Merna Festivo :
10. Date dacased last worked at this occupation (month and spant in this occupation	
year) occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	10 /2 /2
13. NAME	- Who - Device at
	worked type of sisten
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis?
16 PIPTUDI ACE (situ or found)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
INFORMANT Mrs Chew 30 Kelley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Huganathan MM Date Not 13, 13	Nature of injury
UNDERTAKER EAFTER 12 Van	24. Was diseasa injury of any way ralated to occupation of deceasad?
(Addrass) Brunswick M	If so, spacify
	(Signad) N/ (W) (W) (M) (M)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
# W/12/21/10 V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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6	FADING INK-THIS IS A PERMANENT RECORD. Every ite	ied. AGE should be stated EXACTLY. PHYSICIANS sl	15, so that it may be properly classified. Exact statement of
	RD.	YSI	stat
•	RECO	. PH	Exact
5 V	ENT	TLY	ied.
GIN RESERVED FOR BINDING	RMAN	XAC	classif
BI	PE	田	rly
FOR	IS A	stated	prope
Q	HIS	he	be
ERVI	K-T	plnoy	may
ESI	Z	ES	at it
23	NG	AG	th o
CIN	AD	ed.	S, St
-	100		- Cont

T. C. A. A.	15
County Frederick	Registration Dist. No. 184
Village or City Mean Horney	No. St.,
Length of residence in city or town where deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds How long in U.S. if of foreign birth? yrsmos.
20	nley
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Corrie the work	21. DATE OF DEATH NOT 9 1934
5a. If married, widowed, or divorced	(Month) (Day) (Ye
(Or) WIFE OF Samuel W Kenley	1 HEREBY CERTIFY. That I altended decease.
6. DATE OF BIRTH (month, day, and year) Sou 16 1855	I last saw held alive on Dwy 9 , 1934; death
7. AGE Years Month Days If LESS the	been stated of the date stated above, at a second state of the sec
17 3 24 ormin.	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER,	Meusels: age is correctly stat hood 19
SAWYER, BOOKKEEPER, etc. Tours Way	broncho francia. ed. nor 5.19
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11 Total time (years)	This olderly woman who had never had meadlest.
10. Date deceased last worked at 11. Total time (yeers)	tracted the disease when there was a family spide
this occupation (month and spant in this year)	developed brown Toneumonia and died liver
- Josephanon	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town). (State or country)	Certerior selevorit yourself
,	- Derene year
13. NAME Winknown	
14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State or country)	What test confirmed diagnosis Cure Western Was there an autopsy?
15. MAIDEN NAME CONCERNA	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
Poto & Standalous	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Taneltow md	Opens, who are might accounted in Mados INT, in Nome, of the Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Hillwille Carpate Nov-13, 19	Nature of injury
C. D. T + O	Tratale of injuly
19. UNDERTAKER O C. MULL D. C. M. (Address)	24. Was disease or injury in eny way related to occupation of deceased?
(Muliess) Janatham Ma	If so, specify
20. FILED 1200-10, 19 314 111.13 Shuff	(Signed)
From Registrat	(Address) Zurufky Judy

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II	Buring.
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

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County File County		L PLACE OF DEATH	I MAKILAND	CERTIFICATE OF DEATH	1000
Village or City. St. Ward Langth of residence in city or town where death occurred. S. yrs. Mos. ds. How long in U.S. If of forsign birth? 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 1. SXX 4. COLOR OR RACE OR DYDREST Usual BARRIED, WILDWED OR DYDREST Usual Barried, William (Or) WILL of Ore SIRTH (Month) 1. SXX 4. COLOR OR RACE OR DYDREST Usual Barried, William (Or) WILL of Ore SIRTH (Month) OR DYDREST Usual Barried, William (Or) WILL of Ore SIRTH (Month) T. AGE Vars MEDICAL CERTIFY, That I attended decessed from (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It married, widowed, or divorced (Or) WILL of Usual place of abodo) It seems to see the place of Usual place of Abodo) It seems to see the place of Usual place of Abodo) It seems to see the place of Usual place of Or Usual place		County Free	0	Registration Diet No. / 4	/
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2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. \$4. COLOR OR RACE S. SINGLE, MARRIED, WIDNERD OR DIVORCED Certiffs word) S. If married, widnewed, or divorced (No.) Wife of Co.) Wife of Co.) (So hate OF BIRTH (month, day, and year) 7. AGE Yants Months Days 1. HESS than 1. day, hrs. 1. state of DEATH 1. Instance of the date stated abova, and limportance were as follows: Work was donn, as SPINKER, etc. 1. SAYMILL, BANK, etc. 1. SAYMILL		Length of residence in city or town where do	eath occurred 18 vrs mo	If death occurred in a horpital or institution, give its NAME instead of street and	number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SXX		11	VKish	yrsm	os ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WINDWED, ORD DIVORCED Comic fin word) WINTED 5. Il marriad, widowed, or divorced (Gr) WIFE of County fine word) (Gr) WIFE of County fine word) 6. DATE OF BRITH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance wife as follows: Date of emeal his occupation month and wife of word days, as SPINNER, SAWYER, BOUNKEPER, etc. 3. MORRIED RESIDENCE				St Ward	
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Sa. If married, widowed, or divorced HUSAND of Corp. Wife	-				
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S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profassion, or particular kind of work done, as SPINNER, SANYER, BOOKREER, etc. Date of ensate Was there an autoppy? 23. If dasth was dus to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Addiess) Manner of Injury in any way related to occuse tion of decased? If so, specify If so, specify If so, specify (Signad) M. D.	5a.	HUSBAND of	,)/		(rear)
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B Trade, profassion, or particular kind of work done, as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc. 11. Total time (years) 12. BRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Stata or country) 17. INFORMANT (Stata or country) 18. BURIAL, CERMATION, OR REMOVAL (Address) 19. J. Mane of paration. Date of What test confirmed diagnosis? Was thera an autopsy? 23. If dath was dua to extannal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Nere did injury occur? Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Natu		82 4		Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca	,
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20, FILEDANT 7 1934 Mrs Bylode N. Wall (Signad) (Address) M. D. (Address)		Place V Ma Danger Jerend	Date 10 193 4		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
20, FILEDA/TH 7 , 1934 Mrs Queboll N. Well (Signad) (Address) M. D. Registrar. (Address)	19.		wing		10
	20.	FILEDAM 7 1934 Mrs	Elyabeth N. Well	(Signad)	M. D.
		If more bl.			1

STATE OF MARYI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		- 11	Example II	
The principal cause of death and r of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	UEC 5 L	1921	Run over by street car	1 week ago
Cerebral hemorrhage	10	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impo	wtongo		Other contributory causes of importance:	
Other contributory causes of impo-	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

WRITE

S. No.

FATHER

MOTHER

S AUSE mation NOIL 13. NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

(State or country)

16. BIRTHPLACE (city or town) (State or country)

CREMATION, OR REMOVAL

OCCUPA-

plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Within the Corporate Hinne Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. 10 (a) Residence: No. Ward. (Usual place of abode) If honresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIRY, That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the data stated abova. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Trada, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 11. Total time (years) spant in this 36-10. Data decaased last worked at this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country)

Name of operation. What test confirmed diagnosis?.

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury____ Where did Injury occur?

(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury.

24. Was diseasa or Injury in any way related to occupation of deceased? If so, specify

(Signed) (Address) _____

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	11.00		
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1925	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county trederick	Registration Dist. No. 139
Village or City State Sanatorum	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME Zalum 1. Leon	lard.
(a) Residence: No. 400 Youth (Usual place of abode)	USER Ward. Salumble Ma, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND OF Edna Levnard.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Own 1.2.1891	Hest saw h som elive on Mov 13 193 4; deeth is said
7. AGE Yeers Months Deys If LESS then I dey, hrs.	to heve occurred on the dete stated above, at 8:40 1:m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
8. Trede, profession, or perticuler	were as follows:
A. Hede, professing, or perticular kind of work done, es SPINNER, Pulcauma Mgr. SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10: Dete deceased lest worked et this occupation (month and this conception (month end)	Julmonary siberculosis
10. Dete deceased lest worked et this occupetion (month and yeur) 11. Total time (yeers) spent in this occupetion / 4 yes	
12. BIRTHPLACE (city or town) Middle Town. M. U. (State or country)	Other Coatribatory Causes of Importance:
13. NAME 1. Llonard 14. BIRTHPLACE (city or town)	The state of the s
(State of Country)	Neme of operation Novel Date of Whet test confirmed diagnosis? (MUXYray Y Pos Westhere an eulopsy? MV
15. MAIDEN NAME Cornelia M. Burt	23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Cornelia M. Burt 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANTE druin T. Llonard (on admission (Address) 400 Ydosy ter ave. Balta md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE MADELLA M. Y. Date M. D. Date M. D.	Menner of Injury
19. UNDERTAKER M. L. Colager (Address) Thurmon M.	24. Wes disease or injury in any wey related to occupetion of decessed? If so, specify
20. FILED 1/13/34 18 (18 Registrar.	(Signed) Ital Sanatown M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPA-1. PLACE OF DEATH item of Village or City Length of residence in city or town where death occurred statement PHYSICIAN (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months If LESS th Days 1 day,____ or min 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.... OCCUPATION Jo back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at On 11. Total time (years) spent in this this occupation (month and occupation _. See instructions year) ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARYLAND—CERTIFICATE OF DEATH 11330

	Posistration Diet Mp. 1 47
	Registration Dist. No. 177
ā	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	9
	St., Ward.
_	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
D.	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. HEREBY CERTIFY. That I attended deceased from
	1924, to 110 / 6 1934
	I last saw h LYV alive on 1904; death is said
n .hrs.	to have occurred on the date stated above, at/m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Data of the contract of the co
	Themarue our
	afold (0 MI) trems
	Dther Coutributory Causes of Importance:
	- Indiana de la composition della composition de
	Name of operation
	What test confirmed diagnosis? Was there en autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury, 19
_	Where did injury occur? (Specify city or town, county and State)
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
01	Manner of injury
17	Nature of injury
	24. Was disease A injury if any way related to occupation of deceased?
	If so, specify . A Allian
	(Signed)
1	(Address) A 11 M M LOW MI
trar	2411 N. Charles Street Balling ave Requesting 71 S. No. 7

V. S. No.

LION

19. UNDERTAKER

(Address)

Registre

If more blanks are needed, address State Reg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	The state of Beatti	331
County treduces wigher the	Registration Dist. No. 131	
Village or City Treducts mad Length of residence in city or town where death occurred 3 Tyrs	No. St., (If death occurred in a horpital or institution, give its NAME instead of street and numb	
2. FULL NAME Charles Franklin	714	
	valu	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
2. SEX 4. COLOR OR RACE OR DIVORCED (runic the word) Trace	21. DATE OF DEATH 22 2 7 (Month) (Oey) 19:	(Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Barbara H. Many	22. I HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and years and 16 - 1877	I last saw h alive on 2007, 200, 195 ; de	eeth is sale
7. AGE Years Months Oays If LESS than 1 dey,hr	to heve occurred on the date stated above, at 3 m.	
37 3 // ormin.	I work as follows.	ate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, AWYER, BOOKKEPER, etc.	Coronary Thromber De	m 21
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Armin (SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work and the second in this second	d	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.		
12. BIRTHPLACE (city or town) MA Pleasant	Other Coutributory Causes of importance:	
(State or country) Tud	myroconditis 7	132
13. NAME Carlton H main		
14. BIRTHPLACE (city or town) Middletone (Stete or country)	Name of operation Oate of Oate of What test confirmed diegnosis? Was there an autop	new2 27
15. MAIDEN NAME Charlotte R. Jacobs	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	13y:
16. BIRTHPLACE (city or town) my Please X	Accident, sulcide, or homicide?	19
State or country)	Where did injury occur?	,
17. INFORMANT Mrs. Carlton H. Neain (Address) Frederick red.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place my office Len Oate Nov 29, 19.3	Manner of injury	
19. UNOERTAKER 10- E. Coline + Louis (Address) Frequier and	24. Was disease or injury in eny way related to occupation of deceesed?	
20. FILEO 28 - Non 19 34. Dr. Inc Cu Registrar.	(Signed) Control (Address) Parallesse, Mr.	M. C
If more blanks are needed, address State Registre	ar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

STATE OF MADVI AND -CEPTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 '1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	302
1. PLACE OF DEATH	(210-cm)	
County Frederich	Registration Dist. No. 13	l
Village or City Fredrick	No. City Jaystal St., of death occurred in horizon or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Mr Surich me Co		
(a) Residence: No. 100 4 NSA NAU (Usual place of abode)	St., Ward. Workington D. C. If no hresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 (Month) (Day)	193
5a. If merried, widowed, or divorced HUSBAND of		(1.447)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended d	leceased from
6. DATE OF BIRTH (month, day, end yeer)	Hest sawh la alive on november 28, 1934	: death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et 8-00 m.	,
64 1 26 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Date of onset
SAWYER, BOOKKEEPER, etc.	Spinul Cord Claying	
Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	Fracture Thomash Terlibrar	-177710-
kind of work done, as SPINNER Later Later SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et Later 28 11. Total time (yeers) spant in this occupation (month and year)		2/2 hr
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	866	21/6-
I 13. NAME of home formalle Donat	Javen.	1/2/04
T IA BIOTUDIA OF (situate Assert)	Name of operation Dete of	
4 I4, BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Chronical Was there en at	1'00sv? 74.81
15. MAIDEN NAME Darlella mc Preus	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Salella m. S. Onegar. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? - Gesselant - Date of injury 11-2	8 19.34
E (State or country)	Where did injury occur? Frederich Mich	
17, INFORMANT Mrs Julen Darsett	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury guter accident	
Place Torrella Mainte Date 1.103	- Nature of injury Spin al Carl singing	
19. UNDERTAKER O. E. Cleme Ton	24. Was disease or injury in eny way related to occupation of deceased?	w.
(Address) Frederick Mcd.	if so, specify	
20, FILED 29. Nov. 1934 Amblecely	(Signed) Acurence taking	4 M. D
Registrar.	(Address) - Frederich McA	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	INC. 5 INC.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ä, of OCCUPA-

6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 27 Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, At Home 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland 14. BIRTHPLACE (city or town) (State or country) Maryland 15. Maiden Name Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Maryland Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Maryland Maryland Maryland (State or country) What test confirmed diagnosis? Was there en au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State)	1. PLACE OF DEATI	H O	r MAK		1133
Comparison of the properties	County Frede	rick			Registration Dist. No. 13
Length of residence in city or town whare deeth occurred	Village or City Fre	derick		11019	No.Frederick City Hospital St., Ward
(a) Residence: No. According to the control of the	Length of residence in city	or town whare de	eeth occurred		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 21. DATE OF DEATH November 9, 14 Whoth (Day) (Month) (Day) (Yes 1. HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (Month) (Day) (Yes 2. I HEREBY CERTIFY. That I attended decease (No in the date stated above, at. 8.15P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows (Were as follows) (State or country) Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland 1. BIRTHPLACE (city or town) (State or country) Maryland Maryland Maryland Maryland Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Maryland		D	ounter		Ward. Near Fountain Mills, Md.
Make white or Divorced (write the word) 5a. If married, widowad, or divorced HUSBAND of (or) Wife or (or) Wife of (or) Wife or (or) Wife of (or) Wife or (or) Wi	PERSONAL AND	STATISTIC	CAL PARTI	CULARS	
Sa. If married, widowad, or divorced HUSBARD of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) May 12 , 1933 7. AGE Years Months 27 Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BOOKKEFER, etc			OR DIVORCE	D (write the word)	November 9, 4
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 27 Days If LESS than I day, hrs. or min. 8. I rade, profession, or particular kind of work done, as SPINNER, At Home 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date decased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland 13. NAME Raymond J. McDonald 14. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland (State or country) Maryland (State or country) Where did injury occur? Where did injury occur?	5a. If married, widowad, or divorce HUSBAND of				22. I HEREBY CERTIFY, That I attended deceased from
State or country Stat	6. DATE OF BIRTH (month, day, o	end year) Mag		933	I last saw hiM_ eliva on
8. Trade, profession, or particular kind of work done, as SPINNER. At Home 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Data decased last worked at this occupation (month and year) year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Raymond J. McDonald 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland	7. AGE Years	Months 5	27 Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Other Contributory Causes of Importance:	8. Trade, profession, or part kind of work dona, as SAWYER, BOOKKEEPE 9. Industry or business in w work was dona, es SII	SPINNER, R, etc.	At Home		Bocillary Dyeling
12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Raymond J. McDonald 14. BIRTHPLACE (city or town) Maryland (State or country) What test confirmed diagnosis? Was there en au'opsy? 15. MAIDEN NAME Daisy O. Haines 16. BIRTHPLACE (city or town) Maryland (State or country) Where did injury occur?					
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Accident, suicide, or homicide? Where did injury occur?		Maryla	nd		Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there en au'opsy? 15. MAIDEN NAME Daisy O. Haines 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en au'opsy? Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?	13. NAME Raymond	J. McDona	ald		
15. MAIDEN NAME Daisy U. Haines 16. BIRTHPLACE (city or town) (State or country) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	14. BIRTHPLACE (city or town (State or country)	Marila	and		1
Maryland 16. BIRTHPLACE (city or town) (State or country) Maryland Accident, suicide, or homicide? Where did injury occur?	15. MAIDEN NAME Dais	y O. Hair	nes		
(Ct	16. BIRTHPLACE (city or town	Maryla	and		Accident, suicide, or homicide? Data of injury, 19
(Addrass) R.F.D. Ijmsville, Md.	(Addrass) R.F.D.	Ijmsvil			
18. BURIAL, CREMATION, OR REMOVAL Place Hyattstown, Md. Date Nov. 11, 19.34 Nature of Injury Nature of Injury	18. BURIAL, CREMATION, OR REA	noval n, Md.	Date_Nov .	11, ,19 34	
19. UNDERTAKER M. R. Etchison & Son 24. Was disease or injury in any way related to occupation of deceased? If so, specify	19. UNDERTAKER M. R. I	Itchison	& S@n		
20. FILEDLO: nor., 1934. D. ano John Curly (Signed) F. W. Bau (Address) Frederick, Wil	20. FILEDO - No r. , 19	34. 2. 6	dre fi	MC Cerrly Registrar.	

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
--	-----------

V. S. No. 1

1. PLACE OF DEATH	_		(82-a)
County Duden	h		Registration Dist. No. 141
Village or City From 6	Surke	Morelle	NoSt.,
A create of residence in other cases where			If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	2 10. Q	yrsmo	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Many	allor m	c office	
(a) Residence: No.	(Usual place of		St., Ward.
PERSONAL AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH
Gerral White	OR DIVORCED		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY. That I attended decease
(or) wire or	1 -1		July 18 1934 10 /20 16 19
6. DATE OF BIRTH (month, day, and year)	n 27 m	1854	Di last saw have aliva on 17 1934; death
7. AGE Years Month's	Days	If LESS than	to have occurred on the data stated above, atm.
89 6	1 / ()	I day,hrs.	ware as follows:
8. Trade, profassion, or particular		0	Date
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Houseing	·	Cocebreal Hundring
9. Industry or business in which work was dona, as SILK MILL,			- Juy
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, atc	11. Total time spent i	(yaars)	<u></u>
this occupation (month and year)	spent i		
12. BIRTHPLACE (city or town)	md		Other Contributory Causes of Importance:
(State or country)	100		Bronchiles
13. NAME RIGHT M	my Hu	al	
14. BIRTHPLACE (city or town)	1 1	1	Name of operation Data of
(State or country)	Inelan	d	What tast confirmed diagnosis? Was there an aulopsy
15. MAIDEN NAME Julia	Dlales		23. If death was dua to axternal causas (VIOL ENCE) fill In also the following:
15. MAIDEN NAME fulla	20010		Accident, suicida, or homicide? Data of injury
State or country)	114		Where did injury occur?
17. INFORMANT Us. line Co. (Addrass) Pourse of	taley		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	sille met	10-	Manner of injury
Place of Marks Teteral	Date / NOV	18,1034	Nature of injury
19. UNDERTAKER AFFIZITZ	toen	1	24. Was disease or injury in my way related to occupation of daceased?
(Addrass) Brunsul	ick me	<i>f</i>	if so, spacify
ha 12 011.	me Soude	LI Teral	(Signed) Alynn / It
OR FILED TO			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 3 1934 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
EATH .	(167)
elerolo	Registration Dist. No.
Trederick	No. Letey Vortal St., Ward death occurred in a Kospital or institution, give its NAME instead of street and number)
	death occurred the a norpitation institution, give its IVAIVIE instead of street and number)
ma James Me Gray	
o. W. St. Louble's Emmittalun	Mist, Ward That St. Josephis Emint hing his
(Usual place of abode)	If nonresident gife city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
olor or RACE or Divorced (write the word) white	21. DATE OF DEATH
divorced	(Month) (bay) (Year)
therine Sharrer	195 V to 195 V
dey, and year) Sept 7-1906	I last saw h an alive on Tray 5, 19.3 Y; death is said
Months Deys 11 LESS than 1 day,hrs.	to heve occurred on the date stated above, at
or particular	were as follows: Date of onset
one, es SPINNER, Rabarer	Julet would
ss in which as SILK MILL, VK, etc	2 Starle (Penetraline
worked at (month and /// 1/3 11. Total time (years) spent in this occupation / 0	Brain 1.
\$ 40 1	Other Contributory Causes of importance:
wn) will	
Illiam Luc Gran	
or town) Emintshing	Name of operation None Date of Date of
(y) rued	What test confirmed diagnosis? Was there an au'opsy? On?
Mystle Brown	23. If death was due to external causes (VIOL ENCE) fill In also the following:
or town). Sumtaking	Accident, suicide, or homicide?
(y)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or OPUBLIC PLACE.
Cumtibus and	Specify whether injury occurred in industrict, in nome, or opposition place.
DR REMOVAL	Manner of injury Self ring legted would
Taking Weed Date 11/ 10,1934	Nature of Injury Bulley Would
ua I Shiff In	24. Was disease or injury in eny wey releted to occupation of deceased?

DTICIOATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Exa	ample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4.50	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 5 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUILDAN V	July 5,1927	Peritonitis	3 days ago
	4004			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE FOR I	FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

	I RECORD. Every item of infor-	state	Exact statement of OCCUPA.
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W)	item	sho) jo
	ery	PHYSICIANS should	ent
	Ev.	ICI	tem
	RD	[XS]	sta
5	ECC ECC	PI	Kact
	I R	Y.	戶

FOR BINDING

ARGIN RESERVED

D certificate. may back on instructions See carefully in

important. OF DEATH pe pluods very WRITE CAUSE LION m

1. PLACE OF DEATH County Frederick Within the Coccounts Registration Dist. No. Village or City Frederick (If death occurred in a horpital or institution, give its NAME instead of street and number) Langth of rasidence in city or town whare death occurred 5 yrs mos. ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME Mrs. Mary Alma Miller (a) Residence: No. 1023 N. Market (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH November 19th. OR DIVORCED (write tha word) Female White Married (Day) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That i attended deceased from (or) WiFE of Robert A. Miller Nov. 27. 1891 6. DATE OF BIRTH (month, day, and year) 7. AGE Years if LESS than to have occurred on the date stated above, at 10, 30A m. Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance 22 11 or min. Date of onset 8. Trada, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Housewife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ____ Other Contributory Causes of importance: Greenville, S.C. 12. BIRTHPLACE (city or town) ___ (State or country) Charles P. Butler FATHER 13. NAME Greenville. S. C. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an au'opsy? 15. MAIDEN NAME Kate Foster MOTHER 23, if death was due to external causes (VIOLENCE) fill in also the following: Greenville S. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) 17. INFORMANT Mr. R. A. Miller. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Frederick. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nov. 21, Nature of Injury 24. Was disease or injury in and way related to occupation of decaased? 19. UNDERTAKER M. R. Etchison & Son (Addiess) Frederick if so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requeshing U. S. No. 1.

V. S. No. 1

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1931	1 1 1		
Other contributory causes of importance;	//	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			

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V. S. No. 1 B. OCCUPA.

STATE OF M	ADVI AND-	CERTIFICATE (OF DEATH
1. PLACE OF DEATH			JI DEAIII
County Frederick	e Corporate Hintie.		Defaictention Diet M
Village or City Frederick		240 N. May	The pist did to the total
		death occurred in a horpital or instituti	
Length of residence in city or town where death occu	rred 15 yrs. mos.	ds. How long in U.S. if of	foreign birth?y
2. FULL NAME William Willison		0,400000000000000000000000000000000000	
(a) Residence: No. 240 N. Market	t St., gual place of abode)	St.,Ward.	If nonresident give city
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CE	RTIFICATE OF
OR D	LE, MARRIED, WIOOWED, OVORCED (write the word) idower	21. DATE OF DEATH	November
Sa If married widowed or divorced		Λ.	(Month) (0
HUSBANO of Cleaner W. Van	Sanfort.	22. I HEREBY	CERTIFY Tha
6. DATE OF BIRTH (month, day, and year) TIME NOW!	N. Dec. 7. 1858	liast saw h_im/ alive on	1 Hm 11
7. AGE Years Months [Days If LESS than	to heve occurred on the date stated	above, at 12.45Pm
76vrs ? //	4 l day,hrs.	The PRINCIPAL CAUSE OF DEATI were as follows:	I and related causes of imp
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ed Farmer	1 Amount	ceturin
a la Industria de Austrona la subtab	T) .	Counting o	i ce aarin
work was done, as SILK MILL, Genera.	l Farming		
To. Oate deceased last worked at this occupation (month and 1919 year)	1. Total time (years) spant in this occupation		
Maryland		Other Contributory Canses of Impor	tance:
12. BIRTHPLACE (city or town)		Christie Ost	la la
13. NAME John Mines		Nealetes	
14. BIRTHPLACE (city or town) Maryland		Name of operation	
(State or country)		What test confirmed diegnosis?	````
15. MAIOEN NAME Martha Willison		23. If death was due to external caus	es (VIOL ENCE) fill in also
Maryland 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of i
(State or country)		Where did Injury occur?	/6 4
17. INFORMANT Miss. Lousia Johns (Address) Frederick, Md.	on	Specify whether injury occurred in	(Specify city or town, co INDUSTRY, in HOME, or i
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Mt Olivet - Com. Prodete.		Nature of injury	
M. R. Etchison & Sc	on	24 Was disease or injury in any wa	

nstitution, give its NAME instead of street and number) S. if of foreign birth?_____yrs.____mos._ If nonresident give city or town and State CERTIFICATE OF DEATH 11th. 4 (Oay) (Year) That I attended deceased from DEATH and related causes of importence Oate of onset al causes (VIOL ENCE) fill in also the following: (Specify city or town, county and State) red in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Ex	cample I		Example 11	
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 010 5 100	July 5,1927	Peritonitis	3 days ago
	Diene Array			
Other contributory causes	The second secon		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(93-0)	11
county Frederick	Registration Dist. No. 14	7
Village or City Thurmon	NDSt.,_St.,	War
	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME William W	- Contraction	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
wale white or DIVORCED (write the word)	(Month) (Day)	193 4
If married, widowed, or divored	(Month) (Day)	(Tear)
HUSBAND of Corn WIFE of Charles	22. I HEREBY CERTIFY, Thet I attended d	eceased fro
0 18 71	Oct. 24 , 1934, to 1000, 12	1924
DATE OF BIRTH (month, day, end yeer) June 20 1851	I last sew h Lean elive on Nov. 12 , 1934	deeth Is sa
AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at / m.	
0 0 7 0rmin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	Date of one
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		-,/
SAWYER, BOOKKEEPER, etc.	Oleant of arlune	1724
work was done, as SILK MILL, SAW MILL, BANK, etc	sigident to ald age	
10 Date deceased last worked at (11 Total time (years)	infloration -	
this occupation (month end) 1/44 spent in this 50 year)	Inimary causes Chronic myocoa ditis.	
BIRTHPLACE (city or town) Wear fremitaburg	Other Contributory Causes of Importence:	
(State or country)	Viola	
13. NAME William morrison		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	tonev?
15. MAIDEN NAME Peninal Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Janestarin	Accident, suicide, or homicide?	
(Stete or country)	Where did injury occur?	, 15
Trans live mission	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA)
(Address) Shurmon and	The state of the s	UL.
BURIAL CREMATION OF REMOVAL	Manner of injury	
Place fruintaling ledone 11/15, 1934	- Nature of injury	
7 2 11 ls	24. Was disease or injury In any way related to occupation of deceased?	no
UNDERTAKER (Address) Emmloburg Ma	If so, specify A/	- V
Nov. 14 34 anna M. Jones	(Signed) Laws Thay	M
Registrat.	(Address) Thlumuont	- 40

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDEAU V. e.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9
County Freduit	Registration Dist. No. 131	
Village or City Fredrick	" 116 E 1 4.77	ard
(If	death occurred in a horpital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME TO harles Love the	ull	
(a) Residence: No. // 6 E. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED,	21. DATE OF DEATH	_
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of		_
(or) WIFE of Teorgette Mull	22. I HEREBY CERTIFY. That I ettended deceased fr	rom
6. DATE OF BIRTH (month, day, and year) Lawin 2 -1862	I last saw ham alive on Nov 1 St 1936; death is	said
7. AGE Yeers Month's Days If LESS then	to heve occurred on the date stated above, at	
72 9 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
R Trade profession or particular	Date of one	set
kind of work done, as SPINNER Chief Tarrier	Chronic Valvular Near 193	3
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	P	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and spant in this	Lesson	
year) occupation	Other Contributory Canses of importence:	
12. BIRTHPLACE (city or town) Treducte Co. (State or country)		
13. NAME Le oure Mull 14. BIRTHPLACE (city or town) Freduier Co	Name of operation	
(State or country)	What test confirmed diegnosis? Was there an au'opsy?	1)
15. MAIDEN NAME Clizabeth Taylor	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
Σ (State or country)	Where did injury occur?	
17. INFORMANT hus lo. 2. hull (Address) Freduce had	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury	
Place My Oliver Cin Date Nov 3, 1939	Neture of injury	
19. UNDERTAKER 6. E. Coline Hon (Address) Frederick ma	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 2- nor 19 54 . Dr. Draf mc Cerely	(Signed) A 3 Source M	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STREAM V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



of infor-ld state CCUPA-

Village or City Johnsville	No
Length of residence in city or town where death occurred 62 yrs. 2. FULL NAME Winfield Scott	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIFORCED (write the widowed, or divorced) 5. SINGLE MARRIED, WIDOW OR DIFORCED (write the widowed, or divorced)	
6. DATE OF BIRTH (month, day, and year) Quy 2nd 186 7. AGE Years Months Days If LESS	
No. 1 Sawyer, BDDKKEEPER, etc. Fauses	THE INDICTIAL CAUSE OF DEATH and lengted causes of importance
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Hypertensise cardio-rasenlar-renal sisease.
12. BIRTHPLACE (city or town) (Stata or country)	Dither Contributory Causes of Importance: Ling of Gardite with winghal requisitation 107
13. NAME Lewis Peters 14. BIRTHPLACE (city or town)	Name of operation 2222 Date of
(State or country) Pennsylvance	What test confirmed diagnosis? Planein Was there an autopsyll
15. MAIDEN NAME May & Blessing 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Data of Injury Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) Wilson Bridge (M) 18. BURIAL, CREMATION, OR REMOVAL Place Date 2007 19th	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER Pough & albaryh (Address) Libertytown f md	Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)
20. FILED 1977 9 , 192 A 1 S CENTULE Regis	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is not increased. IARGIN RESERVED FOR BINDING V. S. No. 1 ż

County Trederick William was were	Registration Dist. No. 131
	No. 126 W. South St., W. St., W. (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yes mos 2. FULL NAME Victoria Tulevia	ds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. 126 m. South (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrol Net S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If merriad, widowed, or divorced HUSBAND of (or) WIFE of Chas. A. Porta	22. I HEREBY CERTIFY, That I attanded deceased f
AGE Yaars Months Days If LESS than 1 day,	I last saw h alive on 20, 19, 27; death is to have occurred on the date stated above, et 6 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or perticular kind of work done, as SPINNER, // SAWYER, BOOKKEPER, etc 9.4ndustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	January sins a keft side: was
yaar) occupation occupation 2. BfRTHPLACE (city or town) Trederick	Other Contributory Causes of Importance:
13. NAME Me Muss	Ostero Selenous 192
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Dorisa vernand 16. BIRTHPLACE (city or town) Trederick (State or country) 7. INFORMANT Mrs. Hellis Graham (Address) Frederick and	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
B. BURIAL, CHAMATION, OR REMOVAL Pleca Put. Olive Klein, Date Dec 2, 19 3 5	Mannar of Injury
9. UNDERTAKER C. E. Chine & formation (Address) Fulnick Med.	24. Was disease or Injury In any way related to occupation of deceasad?
O. FILED BA- No., 1934. D. Die Ju Curly. Resistrati	(Signed) Bother March March

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 - CEIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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1. PLACE OF DEATH	23
County Frederick	Registration Dist. No. /44
Village or City no Lanty Md	No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(M) - C	Parasa
(a) Residence: No.	o'dla
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct-21 " 1925	I last saw h Asam aliva on 11 - 2 6 195 & death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at
9 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc.	Gislmoney Intraction Tel 1991
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data daceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wr Lauf- Treate Co	Other Contributory Causes of importence:
(State or country) Ma	- acute Justines /10 193
13. NAME from Ir Vortucer	
13. NAME from Mortuer 14. BIRTHPLACE (city or town) QUA	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sussic Weurll 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlolde? Date of injury, 19
17. INFORMANT John W. Cottner	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Anth Md -	
Place Lewistown Date Nov. 28 1934	Manner of injury
19. UNDERTAKER Willfiede + Criego	24. Was diseasa or injury in eny way related to occupetion of deceased?
(Address) further of the	If so, specify
20. FILED Nov. 28, 1934 Anna M. Jones Registrar.	(Signed) Homs White
If more blanks are needed, address State Registre	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Arterioselerosis -	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UDDITIONAL SI	AUE FUI	CFURIHER	STATEMENTS	DI	PHISICIAN	¥

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH County Trederick		9-0	Registration Dist. No.	38
	Village or City Mouroura Length of residence in city or town where death occurred		No. death occurred in a horpital or institutio	St., n, give its NAME instead of street s	
	2. FULL NAME Soris Elizabet (a) Residence: No.	th Ras	st., Ward.		
-	(Usual place of about PERSONAL AND STATISTICAL PARTICULAR PARTICUL		MEDICAL CE	If nonresident give city or town RTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w)	WIDOWED,	21. DATE OF DEATH	(Month) (Day)	, 193 5 4
5e	e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22) A I HEREBY	EERTIFY, Thet I etten	
-	. AGE Years Months Days	934 If LESS than day,hrs.	I last paw h	ebove, et 11.00 am.	Date of onset
CUPATION	S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	rears)	Ocute Endue	uditu.	Unknyon
ž _	2. BIRTHPLACE (city or town) Maryland: (Stete or country)	n	Other Coutributory Causes of imports		
FATHER		ing	Neme of operation	Dele c	of
18 Very Important.	15. MAIDEN NAME Goldie Sume 16. BIRTHPLACE (city or town) Mary land, (State or country)	ro,	23. If deeth was due to external cause Accident, suicide, or homicide? Where did injury occur?	es (VIOLENCE) fill In also the follo	, 19
17	7. INFORMANT OSCAT. Summers (Address) Montavia Md. 8. BURIAL CREMATION, OR REMOVAL	trand' tather.	Specify whether injury occurred in I	(Specify city or town, county and NDUSTRY, In HOME, or In PUBLIC	State) PLACE,
5	9. UNDERTAKER W. E. Falconer	. , 19 34	Nature of injury		7
1	(Address) New Market 0. FILED 11 - 30, 1934 Lucian K. Falco	Md. Nes Registrar	If so, specify WO (Signed) U'G'B	surne &	M. D.

. S. No. 1

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

IARGIN RESERVED

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. N.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY PHYSICIAL	N
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BINDING

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ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The principal cause of death and related cause of importance were as follows:	5 Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
5,1927 Peritonitis	3 days ago
Other contributory causes of importance: 1,1923 Gastroenteritis	1 year
15	921 Run over by street car Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11345
1. PLACE OF DEATH	(82-0)
County Frederick Within the Corpo	Registration Dist. No. 13
Villege or City Trederick	No. 200 A. Nockwell Herror Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME William Howard	Reich
	ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATHY OV 9
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Bein 7. Reach	22. HEREBY CERTIFY. Thet I attended decessed from
01019-1911	1974, to 1974, 19 14
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	I last saw he elive on 19.3.7; deeth is seld
1 day hrs.	to have occurred on the date stated above, at
1 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BODKKEEPER, etc	Post of the second
▼ 1 9. Industry or business in which	Cerebal Vaemmage nov. 9
work wes done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked et this occupation (month and spant in this occupation occupation occupation	
T D · WC	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	<u></u>
1 (0)	Types answers.
13. NAME Agricond C. Level, 14. BIRTHPLACE (city or town) Tredk Co.	Greens polerons
14. BIRTHPLACE (city or town) The Charles (State or country)	Name of operation
Plant	What test confirmed diagnosis? Was there an au'opsy?_ 🕰 🗓 r
15. MAIDEN NAME Reba De A ashimal	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The Lunch Co. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Totale of country)	Where did injury occur? (Specify city or town, county and State)
(Address) W. Pleasex ned	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Thereword Central	Manner of Injury
Place Orashing low D. C. Date Cov. 12,193	Nature of injury
19. UNDERTAKER C. E. Cline + Jon	24. Was disease or injury In any way related to occupation of deceased?
(Address) Trederick Jun.	If so, specify
20. FILED O-hor., 19 34. Dr. Ju J. mc Cul.	(Signed) . Muther Leave M.D. (Address) . Trederic Mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BATHER TO	A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	ERMANENT RECORD. Every	EXACTLY. PHYSICIANS	y classified. Exact statement	4
7 0 7	IS A P	stated	properl	cortifica
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
	N. B.	1	T	

	County 5	-deri	u	2.	Time Regis	stration Dist. No. 13	1
	Village or City	moles	ech	Esta	No very Harshall		Was
		****		(1	death occurred in a hospital or institution, give it		
	Length of rasidanca in	city or town where	daath occurred	yrs,mos		irth?yrsm	nos
2.	FULL NAME.	Wal	3	Alexan			
	(a) Residence: No	Lag	lesle	ung. m	St., Ward.		
	DEDCOMM.			ce of abode)		nresident give city or town and	d State
3. SE	PERSONAL A				MEDICAL CERTIFI	CATE OF DEATH	
		Wait	OR DIVORO	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	7-13	30
			Sur	g In	(Month)	(Day)	(Year)
5a. II	f married, widowed, or d HUSBAND of (or) WIFE of	ivorced			22. I HEREBY CER	TIFY. That I attended	I decassad fro
	(or) wire or				200-, 13, 1934		
6. D/	ATE OF BIRTH (month,	day, and year) Se	or- 13-	34	I last saw h aliva on 2	7 1 7 19.37	
7. AC	GE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, a	3 6 Pm.	100
	0	0	0	Aday,hrs.	The PRINCIPAL CAUSE OF DEATH and raise were as follows:	ted causes of importance	
Z	8. Trade, profession, or kind of work do	particular				0	Date of one
LION	SAWYER, BOOKE	EEPER, etc	2000		Tramatine.	turile	
OCCUPA	9. Industry or business in which work was done, as SILK MILL,			(la Jacons	These		
ខ្ល	SAW MILL, BAN 10. Date dacaasad last	•	11 Total	time (years)			
0	this occupation (month and	SI	pant in this cupation		~~~~~~~~~~~~~~~~	
		500		1	Other Contributory Causes of importance:		
12. B	SIRTHPLACE (city or tow (State or country)	(n)	any la				
ER :	13. NAME Sam	P 2m	Rem			******	
き「		72	1.:5-1	e @			
Y.	14. BIRTHPLACE (city or (State or country		Md		Name of operation		0.
HER	15. MAIDEN NAME	5-7: 2	n. Sta	2	What tast confirmed diagnosis?		
Ē -		- Fres	Parish	Pos d	23. If daath was due to extarnal causes (VIOL Accident, suicide, or homicide?		•
MOT	16. BIRTHPLACE (city or (State or country		7	4	Whera did injury occur?	Date of injury	, 19
	Sa	.09	n. R.		(Specif	y city or town, county and Sta	ite)
17. 11	(Address)	ad est	- Of De	i d	Spacify whether injury occurred in INDUSTR	I, IN HUME, OF IN PUBLIC PL	AGE.
18. B	BURIAL, CHEMATION, OF	REMOVAL P	8	101	Manner of Injury		
	Place Fulk	Memmal	Date No	~ 14,1939	Nature of injury		
	69	· lali	+1	774	24. Was disease or injury in any way related	to compation of doors 12	nes
19. U	(Addrass)	chris	K nu	d:	If so, specify	to occupation of dacaased?	
_		((3)	-	1 7 6 -		f	
	HEDER- Nov.	211		J	() (Signed)	1022000	_ 84

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E	xample I	1	Example II		
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEG 5 1694	July5,1927	Peritonitis	3 days ago	
	ZIIREAU V				
Other contributory causes	of importance:	13	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
4					

STATE	OF	MARYI	AND-CERTIFICATE OF DE	ATH
SIAIL	OF	MAKIL	AND CENTIFICATE OF DE	АІП

26	-	-	10	100	
1	1	0	K		

	CE OF DEATH Frederick.			Registration Dist. No. 13	1
Vill	age or City		- UI	ND. St., death occurred in a hospital or institution, give its NAME instead of street and n Ods. How long in U.S. if of foreign birth?	Ward
2. FUI	Residence: No. Lewisto	May Wn (Usual plan	Outside)	St., Ward. If nonresident give city or town and	State
PE	RSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Fems 5a. If marri	4. COLOR OR RACE	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 20th. (Month) (Day)	, 193 (Year)
(or) V	oscar H.	Rice. ne 2Ist	. I894	1 HEREBY CERTIFY, That I attended 1 19 34, to Nov 2 9 1 last saw h. 22 attended on 29, 19 34	19.34
7. AGE	Years 40 Months	Days 8	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et. 7-30. A. The PRINCIPAL CAUSE OF DEATH and related causos of Importance wara as follows:	Data of onsat
9. Ind	ede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	4 11. Total		Heart Shork Undured by Electric Shork	
		aindal	e Md	Other Coolributary Caoses of importance: Theat Failure	
≥ 13. NA	ME Chas. T. Mar	shall			
13. NA 14. BIF	RTHPLACE (city or town) (State or country)	tainda. Md	le.	Neme of operation Date of What test confirmed diagnosis? Was there an a	utoosy? 744
16. BIF	RTHPLACE (city or town) (Stata or country) INANT OSCEP H. R Idrass) CREMATION, OR REMOVAL	tainda. Md	R.F.D	23. If daath was due to extarnal causes (VIOLENCE) fill In also tha following Accident, suicide, or homicide? Localitate. Data of Injury Live. Where did Injury occur? Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	4.,193.4.
	TAKER M.L.Creager Idrass) Thurmont		Cucada Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, spacify (Signed) Helmune Fahne (Address) Alsewick, Ma	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example 11	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SHOEKH W. S.		•	E PET
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		broad of	



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH / . /	<u> </u>
County Frederick	Registration Dist. No. 140
Village or City Woodshoro	NoSt Ward
(If Length of residence in city of town where death occurredyrsmos,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Contharing	child-
(a) Residence: No. Hear Hoodsboro	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Semale 1. SEX	21. DATE OF DEATH NOT (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of	
(or) WIFE of Samuel of Schildt	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 3-1852	last saw hach alive on North 26 - 19.34; death is said
7. AGE Yoars Months Oays If LESS than	to heve occurred on the date stated above, atGAm.
82 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER	Oate of onset
A Hade profession, or performer, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked af this occupation (month and this scenario in this securation).	alleriosclerose about
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1923
10. Oate deceased last worked af this occupation (month and the spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Commitsty	Other Controllery Causes of Importance;
(State or country), Many land	
13. NAME William Braines Com	
13. NAME William Braines	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Cathoring Shindledecko	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) Mary (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
20,20,4	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MANY STANGERY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Stood store Oate 4029, 1034	Nature of Injury
19. UNDERTAKER 14. 3. Cramer. (Address) hookstari mk	24. Was disease or injury in any way related to occupetion of deceased?.
20. FILEO 1/28 , 1934 & 6 8	(Signed) ON SULLY M. D. (Address) AN workshare M. D.
The state of the s	TALL N Charles Street Relimone Paguesting 41 C No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	A 1.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ISICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11013
County of rederick	Registration Dist. No. 137
Village or City State Sana torum	St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	2.3 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ~ UTWA B. SC	houlder .
(a) Residence: No. 1406 Darely	use Ward. Ballmore mg
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write ha word)	21. DATE OF DEATH
made while single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. A. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	une 22 103/ 10 Mar 17. 10 24
6. DATE OF BIRTH (month, day, and year) Lent. 7. 1915	last saw ham alive on Nov-16. 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1:25 A.m.
19 2 10 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	0 1 -
9. Industry or business in which	(ummonary whereutors
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	
shallf lil fills	
yaar) occupation von	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 3 al 10.	
(State or country)	
13. NAME John. Wm. Schneider 14. BIRTHPICE (city or town)	
2 14. BIRTHP (ICE (city or town) Asaryland	Name of operation. Date of 7
(State of Country)	What tast confirmed diagnosis? Way X May 0. Was there an autopsy? W
15. MAIDEN NAME Elizabeth & Schuller 16. BIRTHPLACE (city or town) waryland.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicida? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Gland B Schneider (on	Decify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) /406 Darly ave. Balto he	(d)mussian)
Place B alb M Date M Date	Mannar of Injury
19 UNDERTAKER M. L- Creage	24. Was disaasa or injury in any way related to occupation of deceased?
(Address) The man and ma	If so, specify 1 + 1
20, FILED /// 7/314 /////	(Signed) Alward & Mafferm, D. I
Registrar.	(Address) State Sanatorum Md

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

of OCCUPA-

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10
county Frederick,	Registration Dist. No. 139
Village or City State Sanatorum	1000
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	25 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COMPA W. S.	lly.
(a) Residence: No. Marriottsville	s Soward Co-md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH WOV. 7. 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF Dairy M. Selly	1 HEREBY CERTIFY, That I attended deceased from 12 1934, to 1000-7-1934
6. DATE OF BIRTH (month, day, and year) Quil. 1.1888	Hast saw h mm elive on VDV - 7. 193 K; daath is said
7. AGE Yaars Months Days If LESS then	to heve occurred on the deta stetad above, at 3:3.7. m.
46 7 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	wera es follows:
6 kind of work dona, as SPINNER, Aulesman	0 1 -1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad lest workad at this occupation (month and	Oummare wherey losso
work was dona, es SILK MILL, SAW MILL, BANK, etc	<
yeer)	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town) Mary and.	T + A D +
(State or country)	Jalal Tulmonary Hemorrhage
14. BIRTHPLACE (city or town)	/
14. BIRTHPLACE (city or town)	Name of operation Pate of
(State of Country)	What test confirmed diegnosis? CNEXT X ray Y for was there an europsy? 10
15. MAIDEN NAME Mary C. Yridgelly 16. BIRTHPLACE (city or town) (State or country)	23. If daeth wes due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) & Md.	Accident, suicide, or homicida? Dete of injury19
∑ (Stete or country)	Where did injury occur?
17. INFORMANTALOMA Selly (on admission)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marnottsville Date mikenowing	Natura of injury
M. J. P. 1 a 000	14.5
19. UNDERTAKER V (Addiess) Transport (Addiess)	24. Wes disease or injury in any wey ralated to occupetion of decessed?
11/2/21/ 10/1/2011	(Signed) A eway a. Maffer
20. FILED Registrat.	(Address) Atale & and tour my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUMEAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 11334
1. PLACE OF DEATH	662
County Frederich	Registration Pisty No. 1 3
Village or City FT rederick	death occurred in a horpital or ingitudion, give its NAME instead of street and number)
	18 ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Om, the Mrs Keller.	
(a) Residence: No. W beloviele and.	St. Ward.
(Usual place of abbde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Awrite the word)	21. DATE OF DEATH OF . 28
Famale White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
N 1 3 1479	I last saw here alive on 22 5 , 19.2 %; death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 5m.
55 8 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, 1006 W + C	Mys cardial Charlicians
9, Industry or business in which work was done, as SILK MILL,	Jan.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and spent in this	Onicele Thetoter
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	adenmeta of They wind.
E 13. NAME SOSEDI SOLVOYET	with by fest for drown
14. BIRTHPLACE (city or town).	Name of operation Thy workeday Date of 100. 1
(clade of country)	What test confirmed diagnosis? Cleared Was there an au'opsy? Lo.
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) My Exs V//-	Accident, sulcide, or homicide? Date of injury, f9
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT /18/18/15 / 1/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 10. 15.4// 2. Date	Nature of injury
19. UNDERTAKER CATCAL B. B. A.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 30 - nov., 1934. O. Die m. Curdy	(Signed) G. Gasti Geary M. D. (Address) Fulguer, M. L.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Ex	ample 1		Example 11	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones	•	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
county Frederick	Posietration Diet No. 139
Village or City State Sanatorum	Registration Dist. No.
1 D (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	O How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME 2000 VY 10	non a ot
(a) Residence: No. 3500 VB and (Usual place of abode)	St., Ward. 15 al
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
58. If marriad, widowad, or divorcad HUSBAND of	NATE OF THE PARTY
(or) WIFE of	22. J HEREBY CERTIFY. That I attanded deceased from 9. 1934 to NV 9. 1934
6. DATE OF BIRTH (month, day, and year) Way 6, 1914	i last saw h D aliva on NOV 8 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230A m.
20 6 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	2400000000
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date dacasad last worked at this occupation (month and	Nu la coma a la
work was dona, as SILK MILL, SAW MILL, BANK, atc	O MINIO MAN
year) occupetion www.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Y Wary and (State or country)	
E	Mane
[State or country]	What test confirmed diagnosis? The X ray + Ps: Wasthera an autopsy?
15. MAIDEN NAME Birlien Walter	What test confirmed diagnosis? CALLA X 194 + 103. Was there an autopsy? VIII 23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT LOUISE M. Solm (on admission	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3500 Bank St. Balto - Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
I DA	Nature of injury
19. UNDERTAKER Val. J. Golden	24. Was disease or injury in any way ralated to occupation of deceasad?
(Address) humbles . md.	If so, spacify
20. FILED LIQ Segistrar,	(Signad) Jahran Donatorin M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write hone.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m L should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-C) MINING AND DOLDOLLING HOUSE
County Trederick	Registration Dist. No. 187
Village or City Frederick	No. 403 Magnoliga Gra Ward
Length of residence In city or town where death occurred 4 yrs. 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
B. 1 6 -1.	ds. How long in 0.5. If of foreign birth?yrsmosds
2. FULL NAME	
(a) Residence: No. 403 Wagnolia (Ujual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
pulle married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	Tankasur / 1932 to MW. 30 1934
6. DATE OF BIRTH (month, day, and year) Lul 29-1873	Clast saw her valive on Nov. 30 1934 death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 m.
61 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, Jouseur	Elm Myocardetso 9.4
9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Ţ.
11. Total time (yeers) this occupation (month and) year) O 10. Date deceased last worked et 0 4 4 4 5 4 5 5 5 5 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6	•
12 BIRTURI ACE (aity or town) Frederick Jud	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Trace Holler	
13. NAME Trace Holler 14. BIRTHPLACE (city or town) Treduces	Name of operation Date of
(State or country) ned	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Mary Bass	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mary Bass 16. BIRTHPLACE (city or town). Treduced	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT AS. E. SOLX (Address) Frederick Me.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL. CREMATION OR REMOVAL	Warned 2011
Place MX Olivex Cerry, Date Dec 27934	Manner of Injury
10. Loline 4.8.	
19. UNDERTAKER (Address) Frederick red.	24. Was disease or injury in any way related to occupation of deceased?
2-11	(Signed) Daylure 1 M. D
20. FILED TO THE 19.5 4 Registrat.	(Address) Dedensk Med.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
WUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.

should state

	CERTIFICATE OF DEATH 11353
1. PLACE OF DEATH	<u></u>
County Frederick	Registration Dist. No. 131
Village or City Frederick	ND. Frederick City Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 5 ds How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Miss. Emma Virginia Staley	R.D.
(a) Residence: No. Linden Hills Frederic La (Usual place of abode)	U. S. Owoward. Linden Hills, Md. (Frederick) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Lovembre 16 193 4 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year) Jan. 25, 1873	I lest saw here alive on how. 16 , 1934; death is said
7. AGE Years Month's Oeys If LESS than	to have occurred on the date stated above, at 7.30 P.m.
60 9 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	1 Herma - Right General 35 yes.
9, Industry or business in which	@ Stemenlated Hernia & Jungreno I week
9. Industry or business in which work wes done, es SILK MILL, At Home SAW MILL, BANK, etc.	Dopustion - Incision of Hermal Ser
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, as SILK MILL, At Home SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) yeary 11. Total time (yeers) spant in this occupation 40	4 Colostony hov. 12
Maryland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Operation - Intestical Resection
(State or country)	(Colon a dem) hos. 16
13. NAME Lewis H. Staley. 14. BIRTHPLACE (city or town). Frederick, Md.	Post- operative shock & Pentonites hor 16
14. BIRTHPLACE (city or town) Frederick, Md.	Namo of operation Datestreet Regreter Date of how 16
(State of country)	What test confirmed diagnosis? Operation— Wes there an au'opsy? 20:
15. MAIDEN NAME Mary Frances Whipp Maryland 16. BIRTHPLACE (city or town)	23. If death was due to externat causes (VIOLENCE) fill In also the following:
Maryland	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
C. Keefer Staley.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Frederick, Md.	Specify whether injury occurred in introduct, in nome, of introduct FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceMt. Olivet Cem.Fred Date Nov. 19, 1934	Nature of injury
M R. Etchican & San	
19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick, Mu.	(Signed) Frank Worth Str. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of epilepsy	1 week aga
	A toton tego
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should item of Registration Dist. No. Village or City (If death occurred hospital or institution, give its NAME instead of street and number) Every PHYSICIANS statement Length of residence in city or town How long in U.S. if of foreign birth? _____ yrs.____ mos. ____ ds. RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) oloned CIL classified. 5e. If merried, widowed, or divorced HUSBANO of ERTIFY. Thet I ettended deceased from (or) WIFE of V × 国 6. DATE OF BIRTH (month, dey, end yeer) certificate. properly 7. AGE Yeers Months Deys If LESS then to heve occurred on the date stated above, at _6 stated "(1 dey,...hrs. (0 The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence or min. were es follows: Data of onset 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---OCCUPATION may should 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Oete deceesed lest worked et 11. Totel time (yeers) AGE this occupation (month and spent in this that occupetion instructions 12. BIRTHPLACE (city or town) ... (Stete or country) supplied FATHER See Neme of operation plain (State or country) carefully What test confirmed diegnosis?_ ----- Wes there an autopsy? J7 6 MOTHER important. 15. MAIOEN NAME in 23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? should be (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE, A very OF 440 18. BURIAL, CREMATION, OR REMOVAL WRITE Menner of injury CAUSE mation LION Neture of injury w. 24. Wes disease or Injury in any wey releted to occupation of deceased? 19. UNOERTAKER If so, specify (Signed) Registrar. (Address) ... If more blanks are noeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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E	xample I	1	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BEALL	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DCC	July 5,1927	Peritonitis	3 days ago
	MI IDEAL AND	15		
Other contributory causes	The same of the sa		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

19. UNDERTAKER

(Addrass)

20, FILED / S'XOV

item of infor-

of OCCUPA-

STATE OF MARYLAND— 1. PLACE OF DEATH County Tuling the	CERTIFICATE OF DEATH 11355 Registration Dist. No. /3/
Village or City (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. 0140 West all Sein (Usual place of abode)	L St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH / Y (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) Wife of 28 - une , 1934	22. I HEREBY CERTIFY That I attended daceased from 1934, to 1934, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 330 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hathan January 11-11-39
work was dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Trederick (State or country)	Other Coutributory Causea of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Helen armostead	What test confirmed diagnosis? Was there an autopsy? 23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT (Addrass) Ly O W. all faint of Subject 18. BURIAL, CREMATION, OR REMOVALOR	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place fair View Campage Nov1 5, 19.3.	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. r.

Registrar.

If so, specify

24. Was disaasa or injury in any way ralated to occupation of daceasad?

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Example I		Example II	
The principal cause of death and related causes of importance were as follows. Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC ., 194	July 5,1927	Peritonitis	3 days ago
BRIDGAII V. E.	Ď.		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A te 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	23
n of i	county trederick	Registration Dist. No. \ 3 7
sho of o	Village or City State Sanalown	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
- FFD	Length of residence In city or town where daath occurred	J. 9 ds. How long in U.S. if of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME LOUGE K. 11	un Batting mid
RECORD. PHYSI Exact stat	(a) Residence: No. 19159. Jonnard (Usual place of abode)	St., Ward. If nonresident give city or town and Slate
DH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 193 193
TLX TLX ied.	5a. If marriad, widowad, or divorced	(Month) (Oay) (Yaar)
RMANEN X A C T I classified.	to the first the	22. I HEREBY CERTIFY, That I attended decaased from
	6. DATE OF BIRTH (month, day, and year) Warch, 28, 1903	I last saw her alive on Nov 22 , 1934; death is sale
PE d E	7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 2:10 Am.
IS A PE stated E properly certificate.	31 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
be stabe pro of cert	8. Trade profession or particular	Oate of onset
	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MilL, SAW MILL, BANK, atc 10. Date deceased last worked at 11. Total time (years)	Durmonary Luverculoss
should it may n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
H m to	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
INFADING INPOSED POLICE AGE Erms, so that instructions o	12. BIRTHPLACE (city or town) Wilwarkle . Wis	Other Coutributory Causes of importance:
AD sd.	(State or country)	Tuberellow Larungelis
UNFA supplied n terms, ee instri	13. NAME august Gillgash	
y suplain te	13. NAME (lugust yell gash) 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Date of Practice Date of
F Colo		What test confirmed diagnosis? (4) 2073 A 144 U.O.S. Was thara an autopsy?
w refu	H 1/1	23. If death wes due to external ceuses (VIOLENCE) filt in also the following: Accident, suicide, or homicide?
ca TH por	O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
PLAINLY, WI nould be carefu JF DEATH in I	17. INFORMANT Louise K. Truin (on admirsion)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) 1915 E. Lombard M. Balto MA 18. BURIAL, CREMATION, OR REMOVAL	Manager of tall
	monsteview, Fred Co. Marte mharries	Natura of injury
WRITH mation SCAUSE	In y Creages.	24. Was diseasa or injury in any way related to occupation of deceasad?
LOB	19. UNOERTAKER// J. J. C.	If so, spacify
m	on Files 11/2 2/2011 /NYM	(Signad) Sewart D. Shaffer M. I
Z	20, FILED Registrar.	(Address) State Sanatoring me

If more blashes are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M

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BUDGALLY.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	()	Dip.	
	C	U	0

	(159)
WALL STATE OF THE	Registration Dist, No. 131
(fi yrs,mos.	death occurred in a horpital or institution, give is NAME intead of street and number)
4	rederiel Wardens
ode) (If nonresident give city or town and State
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED, rite the word)	21. DATE OF DEATH Nov. 27 193 4 (Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attended deceased from
34	I last saw has aliva on non 27, 1924; death is sai
If LESS than day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
min.	were as follows:
	Prematine 4/12 Man
rears) his	Other Contributory Causes of importance:
	Mother Columnter
- 0	morrey actumpus
es	4
71.0	Name of operation Date of
	What test confirmed diagnosis?
6	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
٠	Accident, suicide, or homicide?
e S	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8, 1934	Manner of injury
id:	24. Wes disease or Injury In any way releted to occupation of deceased?
1	(Signed) H Lamence Fahrners M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	1 n 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11359
1. PLACE OF DEATH	(50)
County The Auch Opi	Registration Dist. No. 131
Village or City I la Hall	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds- How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BOWY NEW TO	
(a) Residence: No. Hospital R. F.O. 5	St. Ward.
(Osual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR IVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorce	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Der ettended deceased from
7-1-02-161-1	10 10 20 36
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on Alive on 1924; death is said to have occurred on the date stated above, at 3m.
7. AGE Years Months Days II LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Imperiance
or3(/min.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Internative Bully
SAWYER, BOOKKEEPER, etc.	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Tunt Imminu
O 10. Date deceased lest worked at 11. Total time (years)	
O this occupation (month and year) — Spent in this occupation — Spent in th	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or equintry)	
13. NAME Why 13. HAY Mes	
14. BIRTOPLACE (city or town) Len Twenty	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy? ZQ_
15. MAIDEN NAME AND P HOUSE	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
Someth Mari	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT (Address)	Spoonly who were things of the total of EAGL.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place M. Olivet Cursoate 1 - De C 1984	Nature of injury
000	24. Wes disease or Injury in any way related to occupation of defeesed?
19. UNDERTAKER	If so, specify
2). 3 V. O. 5' (h. C. O.	(Signed) An And A M.D. M.D.
20. FILED 10 - 19 1 . Or . May Will Curle	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Remeding O.S. No. V.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STATE OF STA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Hentel.

2						72 yrsmos
			4th an	d Wi		ve.
	PERSON	IAL AND	STATIST	TICAL	PARTI	CULARS
3, 3	Male	4. COLOR	OR RACE	OF	NGLE, MARI DIVORCEI Marrie	RIED, WIDOWED, D (write the word)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorc	ed Annie M	. St	one	
-	AGE Yes	-	and year) Months	Augu	st 20, Days	1858 If LESS than 1 day,hrs.
OCCUPATION	8. Trade, profe kind of SAWYER 9. Industry or work wa SAW MII	ssion, or par work done, a BODKKEEP business in s done, as SI L, BANK, etc	which	Ret:	8 ired F	armer
000	10 Date deceas	ed last work			span	me (years) it in this pation45
12.	BIRTHPLACE (ci (State or cou	ty or town)				
ER	13. NAME	Edward	J. Zin	merı	nan	
FATH	14. BIRTHPLACE (State or	(city or tow	n)Mč	i.		
ER	15. MAIDEN NA	ME Mar	y Wacht	er		
MOTH	16. BIRTHPLACE (State or	(city or tow	n)	d.		
			nard Zi		nan	
OTHER FATH	(State or	ME Mar	v Wacht	er		

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_M. D.

Registration Dist. No.

V. S. No. 1

E.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 1I	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C IVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF THE PARTY OF THE PAR		ь	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

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J.L.	L	10	1	-

1. PLACE OF DEATH	- R. O.
County Frederick 60	Registration Dist. No. 152
Village or City Walkersville	NoSt.,Ward
411	(If death occurred in a hospital or institution, give its NAME instead of street and number) 108. How long in U.S. if of foreign birth?mosds.
TML1. S. 601 1.	mmerman
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seo. Willis Jammesman	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and yeer) Feb: 5, 1863	1 last saw h
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
7/ 9 21 lday,hr	
8. Trade, profession, or particular kind of work done, as SPINNER, LOUISE WIFE SAWYER, BOOKKEPER, etc.	
9 Andustry or husiness in which	geteriorelesona 1932
work was done, as SILK MILL, SAW MILL, BANK, etc	and Inventorial 1934
10. Date deceased last worked at this occupation (month end year)	7
12. BIRTHPLACE (city or town) Inarry (and	Other Contributory Causes of Importance:
13. NAME Joseph J. Todoucke	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Jamas Firmmarman	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary land (State or country)	Accident, suicide, or homicide?
17. INFORMANT M. Willis Zummerman	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Malkenhille M.d., 18. BURIAL, CREMATION, OR REMOVAL	
Place Glade Colons Date May gt 8, 193.	Manner of injury
19. UNDERTAKER S. W. Wright (Address) Walkerswille M.	24. Was diseaso or injury in any way related to occupation of deceased?
20. FILED NOV. 27, 134, Phand Standar	(Signed) 1062/2 To It. Song M.D. (Andress) Planspursurs Total:
If More blanks are needed, address Stale Registre	str, 2411 N. Charles Street, Baltimore, Requesting U. S. No. x.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
190gs			
Other contributory causes of importance:		Other contributory causes of importance:	
- Gallstones	May 1,1923	Gastroenteritis	1 year
Manuscriptors of the same of the			
			155